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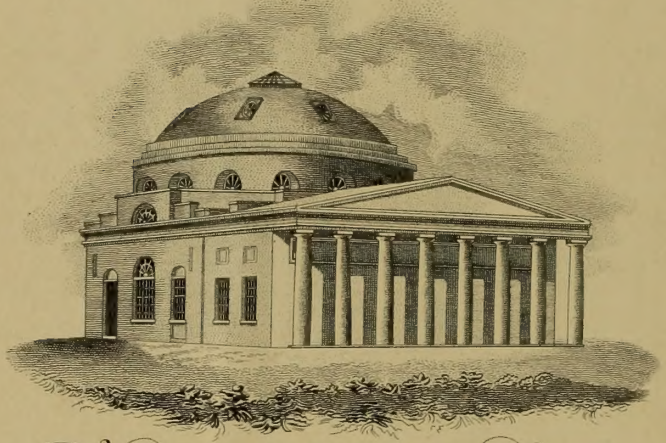

University of Maryland

University of Maryland Archives

Early Doctor of Medicine and Doctor of Public Discussion with
Contested Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1811-1857. The bound dissertations were bound together during the 1940's. The original tables of contents for the bound collections contained multiple errors in indexed pagination, and/or order. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were: Richard J. Dobler, Historical Librarian/Reference Office; Marie Milanov Parker, Metadata Management Librarian; Angela Carrasco and Leigh Harling-Henry, Resources Division; Sarah Hands, Alex Scholes and Megan Wolff, Service Division.

These dissertations were digitized in 2011-2012 and are available in the Univ. Digital Archive (archive.lib.umd.edu) and on the Internet Archive (www.archive.org).

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1856 (c)

Author	Title
Wilson, Robert Taylor	Report of Eight Cases on Different Subjects
Williams, Phillip Montague	Acute Pneumonia
Cowles, Joseph Loyal	Stricture of the Urethra
Mapp, Thomas Robbins	Clinical Report of Seven Cases
Downing, Stratton Bayley	Acute Peritonitis
Blandford, Joseph Henry	Lobar Pneumonia
Carson, William Cowan	Fractures
Atkinson, Edwin Eagle	Dysentery
Fisher, William Teakle	Opium [1] (faded)
Macgill, Charles Washington Griffith	Hernia
Duke, James	Congestion
Keech, Thomas Attaway Reeder	Worms in the Alimentary Canal
Cronmiller, Jr., John	Rheumatism (Title page partially faded)
Everhart, Oliver Troxel	Dignity of the Medical Profession
Saunders, Walton	Clinical Report of Eight Cases
Brooke, Alexander Mortimer	Dysentery

[1] Illegible in original.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1821-1851; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title
Chatard, Silas Marean	Yellow Fever
Dawson, William Hamilton	Phenomena of Inflammation
Dorsey, Robert Welsh	Measles (partially faded ink)
Thompson, Thomas J.	Erysipelas

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1821-1851; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

THESES

1856 (c)

Wilson, Robert T.	Report of Eight Cases	83p.
Williams, P. M.	Acute Pneumonia	22p.
Cowles, Joseph L.	Stricture of the Urethra	15p.
Mapp, Thomas R.	Report of Seven Cases	32p.
Downing, Stratton B.	Acute Peritonitis	30p.
Blandford, Joseph H.	Lobar Pneumonia	27p.
Carson, Wm. C.	Fractures	16p.
Atkinson, Edwin F.	Dysentery	26p.
Fisher, Wm. T.	Opium	28p.
Macgill, Charles	Hernia	30p.
Duke, James	Congestion	20p.
Keech, Thomas A. R.	Worms in the Alimentary Canal	25p.
Cronmiller, John	Rheumatism	23p.
Everhart, Oliver	Dignity of the Medical Profession	22p.
Saunders, Walton	Report of Eight Cases	37p.
Brooke, A. M.	Dysentery	14p.
Chatard, Silas M.	Yellow Fever	29p.
Dawson, Wm. H.	Phenomena of Inflammation	18p.
Dorsey, Robert W.	Measles	19p.
Thompson, Thomas J.	Erysipelas	39p.

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A

Report of Eight cases

on

Different Subjects

Presented for the examination

of the

Board of Regents & Faculty of Medicine

of the

University of Maryland

As a Candidate for the

Baltimore

To the Faculty of Physic
of
The University of Maryland.

[illegible]

the injection of gentlemen long experienced in
the healing art, as well as authority so
distinguished, can fairly be expected
to silence all prejudice against the
operation of others, he having only
admitted to trial the high power of the medical
profession, for their decision upon the
[illegible] before you. If you feel the
[illegible] by our [illegible] which
[illegible] [illegible]
[illegible] of [illegible]
[illegible] of [illegible]
[illegible] the various imperfections which
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]

Case No 1.

[illegible]

Baltimore & vicinity. Has been living on the point since his residence in this city, a district [illegible] still gives off & malarious attacks prevail in [illegible]

[illegible]

[illegible] effect [illegible] to the [illegible] of [illegible] [illegible] effect [illegible] [illegible] effect [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

and fever. He continued to be attacked

[illegible] manner

[illegible]

[illegible]

[illegible]

[illegible]

noon, and night. He has no return of

[illegible]

[illegible]

[illegible] — palpitation of the heart [illegible] with anæmia & [illegible] — [illegible] [illegible] — [illegible] [illegible] palpitation. McBurney states that he had appeared to be in an attack of [illegible]. He had been excellent up to this time. Was [illegible] before that he complained. He's [illegible] given him some [illegible] but he could not tell what they contained. His mouth was not made sore. It is somewhat difficult to come at an accurate conclusion as to the cause of his palpitation, as so long a time has elapsed since the appearance of the symptom, and [illegible] to have had [illegible] or [illegible]. [illegible] being under considerable anæmia, his skin and conjunctiva presenting a pearlaceous white appearance [illegible]

[illegible]

[illegible] would be much more rapid & forcible

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] removing the cause by the use of the fabrication of bone charcoal [illegible] [illegible] to the blood, [illegible] the general health and tone of the system, [illegible] of the heart & arteries, to be [illegible] standard, and the pulsations would [illegible]

But from the long standing of the disease,
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]flammation set up in these, viz. hyper-
trophy of the walls of the heart has taken
[illegible]
[illegible]
probable [illegible] have happened.
[illegible]
[illegible]
contractions will be required, to send the
blood in sufficient quantities to nourish
the more distant parts. Here then we
[illegible]
[illegible]

[illegible]

It is my opinion that the prostration complained of by this patient, is dependent on both causes here enumerated. It appears to me there must be some structural [illegible]

remain a matter of conjecture hereafter. Now as to the second disorder found on examination of Bellows Frame

I think enough has already been said to account for its occurrence. McEndrew states that after a sea passage, with poor [illegible]

Physicians gave him powders. He does not know what they contained, but from his [illegible] symptoms of [illegible] I come to the conclusion [illegible]

Here now is a man labouring already
[illegible] and [illegible] to depress
the influence of the [illegible] poison
[illegible] and [illegible] of the
effect of [illegible] the [illegible] of
[illegible] in [illegible] the [illegible]
of the blood [illegible] the blood has
[illegible] the [illegible] the influence
of [illegible]. The [illegible] on the side
of the man, & the depressing influence
of the [illegible] poison, [illegible] sufficient to account for the [illegible] and
for the [illegible] of the heart being greater
and more rapid in order to impel the
larger amount of blood required to
nourish the [illegible] to the [illegible]
[illegible] and [illegible] condition of the
blood, which [illegible] to be [illegible]
[illegible], the different [illegible] working
against the [illegible] and [illegible] of the

heart and also coming in contact with
[illegible] will [illegible] the [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] of the blood [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible]

Case No 2.

Thomas [illegible] Aet ab't 30.

[illegible]

he was assured, he need have no such fears, as he should be taken care of. Was admitted September 4th, and I saw him soon after he entered the hospital. Found him with great

nausea, vomiting every few moments a
few months past of the yellow bilious
fever which came at intervals till
set off for this country. [illegible]
[illegible] more or less for some time [illegible]
days. He had slight tenderness over the epi-
gastrium. Bowels [illegible] [illegible]
yellow coated [illegible] skin pleasant
[illegible] slight [illegible] of yellow [illegible]
[illegible] so much as the large [illegible] of
bilious fever cases which have been
[illegible] this season. Spoke [illegible]
appetite. Tongue [illegible] [illegible]
[illegible] Had no [illegible] in [illegible]
[illegible] [illegible] [illegible] [illegible]
to [illegible] [illegible] [illegible]. Speaks
himself as feeling very [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] to [illegible]
might [illegible] [illegible] [illegible] [illegible]

[illegible] lity, then being divested

[illegible] not recovering as it did — a single case,

his sto[illegible] [illegible]

ever district, — and having seen all the

symptoms which he presented at our first

[illegible] in patients with biliousness =

[illegible]

[illegible] a doubt. He was ordered

Calomel grs X with Pulv: Opii grj at once, —

[illegible]

[illegible] it was employed the morrow

He took three doses of Calomel (the

[illegible] bowels [illegible] stuff

[illegible] enormous [illegible]

[illegible] to [illegible]

[illegible] of [illegible]

[illegible] the whole surface of the [illegible] was changed to

[illegible] yellow color, [illegible]

[illegible] the cuticle [illegible] for the

blistered surface was a perfect [illegible]

[illegible] and [illegible] of

yellow [illegible] and [illegible] days

[illegible] perfectly well [illegible]

[illegible] [illegible]

[illegible] yesterday, he was [illegible] grs x, to be repeated if the [illegible] was not attained. He was ordered to take both doses. For his nausea he was ordered [illegible] in [illegible] hours. The [illegible] [illegible] every hour, [illegible] and [illegible] was [illegible]. [illegible] over the blistered surface every [illegible]. All of these remedies were [illegible] [illegible] the vomiting [illegible]. He was also ordered [illegible] pill, every hour, [illegible] [illegible] vomiting. They were given as directed. If he threw up the Quinine pills, he was to take Quinine grs xxx, [illegible] every 2 hours, and to have Quinine sprinkled over the blistered surface. All of these

directions were faithfully carried out, except
the use of laxatives occasionally, which
was omitted. His bowels remained without
any artificial aid. He continued [illegible]
the remedies on account the [illegible]
until 9 o'clock on the morning of the
September 6th when blood commenced
coming after which he went into convulsions
which continued up to 11 o'clock, when
he died. He vomited a lot of [illegible]
till the point convulsion and it [illegible]
blood. The convulsions were not of a
violent form, simply spasmodic jerking
and twitching, first of one opposite muscle
then another – then of the flexor muscles,
next then of the muscles of the trunk.
Blood from continued from the [illegible]
up to commencement until the 21st
month. He vomited at least 20 or 25 to 30
times quarts. He came up without the

lightest effort; - altogether dissimilar to any other vomiting that I have ever witnessed.
The absence of fever, - pleasantness of skin - [illegible] of brain and, when, - except a slight [illegible] the [illegible] of [illegible] coldness and compressure, - without the slightest [illegible] [illegible] and his constant and distressing nausea, - [illegible] [illegible] [illegible].
Autopsy. [illegible] after death. [illegible] congestion of [illegible] vessels [illegible] the [illegible] surface, [illegible] on being incised. Liver much enlarged - of [illegible] [illegible] [illegible]; [illegible] [illegible] increased, - [illegible] [illegible] [illegible] - [illegible] [illegible] [illegible]

black-vomit sometimes preceding intermission,

[illegible]

remittent Bilious fever; moreover it has

[illegible]

[illegible]

every specimen of bile that I have ever exam-

ined [illegible]

[illegible]

[illegible] Stomach [illegible]

no appearance of disease either internally

or externally. No marks of inflammation

or corrosion. In the intestines, I

[illegible] black vomit — but [illegible]

been [illegible] before

death. This fluid appeared on straining a

very few moments, a sediment recem-

bling coffee grounds [illegible]

[illegible] Justice

[illegible] membrane, [illegible] broad, so that

it was scraped off by the finger nail [illegible] the
greatest ease. Spleen very little changed;
slightly contracted, — slightly increased in
density. Deep blue colour on the surface,
reddish brown internally.
Intestinal canal examined at several
points without discovering any patho-
logical changes. Brain, — Membranes [illegible]
congested very much, — a general soft-
ness of the [illegible] substance. No effusion
either serous or sanguineous. No marks of
inflammation [illegible] visible in the brain or
its membranes—

Case No 3.

Mary Hammond. Aet 23. [illegible]
admitted to the Almshouse [illegible]
[illegible] preparatory to confinement. [illegible]
[illegible]
to leave her [illegible] [illegible] off [illegible]

[illegible] a young man [illegible] of marriage. Having [illegible] [illegible], on the very night she expected to be married, he [illegible] married to another [illegible]; [illegible] disgrace and [illegible] [illegible] she came to Baltimore, and supported herself [illegible] the [illegible] of [illegible] the time of her approaching [illegible]. [illegible] to hard work and penury, which no doubt had no little influence on the termination of her [illegible]. [illegible] incessant use of heavy [illegible] [illegible] attention not formed, and on the [illegible] external appearances or premonitory symptoms to lead one to expect otherwise than a happy delivery.

She was taken in labour [illegible] at [illegible] o'clock on the morning [illegible] her earlier [illegible] apparently [illegible].

[illegible] instances, as a woman could be at
[illegible] at times. Her [illegible]
[illegible] indication of bad symptoms, an
unusual redness about the face, [illegible]
[illegible]
as indicated by the [illegible]
[illegible] of the patient [illegible]
nothing unusual in her symptoms [illegible]
until [illegible] o'clock when her nurse [illegible]
physician and announced [illegible]
of the [illegible] that Mary was in a fit,
and [illegible]
[illegible]
perfectly unconscious [illegible]
[illegible]. A large orifice in the arm was
[illegible]
until the blood [illegible]
[illegible] I suppose about [illegible]
of blood. Ice was applied to the head
and mustard to the feet. [illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]lsion came on, which lasted fifteen
minutes. When this passed off she was
lying perfectly [illegible] respiration
stertorous, slow and intermittent, with
an occasional gasp, as if in the agony
of death. [illegible]
[illegible]
[illegible] absence of [illegible]
[illegible]
hope — a forlorn hope [illegible]
of the attending physicians [illegible]
[illegible] proceeded [illegible]
[illegible] the slightest [illegible]
[illegible]
[illegible] the life of the [illegible]

[illegible] to full power of the principle
[illegible] to apply [illegible] expressed
[illegible] Legislature [illegible] to the [illegible] of the
child." [illegible] of the [illegible]
epileptic paroxysm [illegible] the first position
[illegible] recognised, [illegible] shaft [illegible] velocity,
with [illegible] [illegible] about [illegible] or [illegible],
[illegible] [illegible] [illegible] [illegible]
[illegible] in extension direct. The [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] the [illegible] of the [illegible]
[illegible] [illegible] [illegible] the [illegible] of the
[illegible], and her attendant proceeded to use
the forceps. Although [illegible] Mayo [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

attempt delivery with them. The male blade was introduced upon the right side without much difficulty, but when the female blade came to be introduced, the imperfect dilatation of the os uteri, through which it could not pass, and the crowding of the head by the left hand, prevented the right hand of the fetus from much difficulty in the pelvis, but the blades could have been passed without much delay, and consequently the forceps were abandoned. The second attempt to deliver was made by introducing the hand with the view of shoving the head, turning the child and delivering, but all efforts were in vain. Having failed to deliver both by forceps and turning, it was decided at once by the consultants that let out the fetus. This was soon accomplished, and

the blunt hook introduced into the vagina and the index finger of the right hand inserted into the orifice of the uterus. The forceps, the child's head was drawn through the superior strait into the cavity of the pelvis. The forceps were then applied, the head extracted, and [illegible] [illegible] and perfect [illegible] head was opened. The placenta [illegible] was removed, and little or no hemorrhage followed. The patient was made as comfortable as possible in the position in which she was lying, and the same treatment continued after as during delivery. She survived about an hour and a half longer and died. The time occupied from the commencement to the termination of uterine action, was about [illegible] minutes, and during the period the patient was fully conscious and

[illegible] incurable to pain, or any [illegible]
procuring. Not the slightest attention could
turn pain then to resist in the [illegible]
(the U[illegible] [illegible] apparently in a perfect
state of [illegible]) and [illegible] [illegible]
expectating to realize the fact that [illegible]
[illegible] dead.

It was a scene horrible to behold, and [illegible]
calculated to shake the nerves [illegible] [illegible],
accustomed to stand at the bedside of suffering
and witness the agonies of death. There was
[illegible] a young female, — the victim of neglect,
who [illegible] [illegible] as a moment from the
midst of life, to the brink of death [illegible]
[illegible] physicians expecting [illegible]
[illegible] physical ability to [illegible]
[illegible] if not [illegible] the most [illegible]
that the only hope of her salvation [illegible]
the judicious, [illegible] and [illegible]
[illegible] of those [illegible] placed in the [illegible]

[illegible] as the [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] "[illegible] [illegible]
[illegible]", as the pulse [illegible] stop [illegible]
the respiration without, [illegible] occasional
deep inspiration would [illegible] [illegible] the
[illegible] struggle between life and death.

The child was a male, well formed
and fully developed. Heart and lungs
[illegible] as far as we could judge, but did not
discover any [illegible] of disease in the
lungs. The child lived [illegible] [illegible] after
birth. Mother [illegible] [illegible] [illegible]
the operation was performed [illegible]
days. It was thought best not to delay
longer. The urgency for speed, although
[illegible], was, that it was thought best to prevent
without hesitation, using the forceps
first for the child as well as mother,
and [illegible] for the [illegible] [illegible].

and stiff feeling in [illegible] cranial [illegible] the vertebral column.

The cause of convulsions in this case is obscure. They she thought [illegible] them [illegible], and as often patient to & the hospital up to that time without any knowledge should have been [illegible] beyond any person's observation. She was admitted August 2nd and from August 2nd & 4th and during those three days while in the hospital there were no symptoms of even the slightest approaching of convulsions. She was pleasant & the head symptoms — there was no unusual flushing of the face — no undue fulness nor force of arterial pulsation about the head, and not the [illegible] other [illegible] having had any head [illegible] — especially without any premonitory symptoms? The case is very

mind, by occasioning fright owing to the
circumstances accompanying the poor
pregnant, - the change of her condition
from the ease of a comfortable home, to
a laborious and servant, - the desertion of
friends and the feelings of condemnation
then caused or increased, served to increase
the impressibility of her nervous centres,
that when the time of her delivery arrived
and the head of the child came to press
on the abdominal aorta and iliac
arteries, even a slight amount of cerebral
congestion produced thereby, was sufficient
to produce an effect, which had she been
brought to bed under other circum-
stances, would not have been appreci-
ated. She had already on the third, that
but for some morbid sensibility of her
brain produced by the peculiar circum-
-stances of her case, she might have passed

[illegible] happy [illegible]. Much a lateral position, rather than a direct fall, [illegible] assumed by her) might have led to a more favourable termination by relieving pressure on the abdominal vessels, is a question, but the rationale for assuming such position in labour, especially by primiparous women, by the correct elevation of every prominence by the pelvic peritoneal covering, before of gravity during the absence of pain, and before the blood is pressed upon freely, & thereby [illegible] the position that would otherwise occur at the same time we have the natural tendency thereby to [illegible] the uterine gravity.

Case No 4.

George Hanson, [illegible] [illegible] [illegible] labourer from the Wellington road, in the

mine brooks. He had chills for seven weeks with an intermission during that period of about 14 days. He returned three weeks before admission, and were of the tertian type. Was admitted to the Nine Years August 20th with tertian intermittent fever. Came under treatment August 24th. While he was shaking violently, from the effects of his chill under which he was labouring at the time the attending physician saw him, he was given Sulph Opii gr j. He said the paroxysm was much severer than it had been for weeks, and he felt better after it had passed. After the paroxysm he was given sulphate of quinidine gr v every 2 hours.

Sept. 2d. Today was the time for the return of his chill, but he had not the slightest symptom of it. He has been in the interval free from paroxysm

and is repeated return today 10 gr. of Quinine without any improvement. Quinidine stopped today, and in its stead the Compound Bark powder given ter die.

I have reported this case because of the somewhat unusual manner of its treatment. It has for some time past been the object of your reporter to induce the medical man to obtain some sub-stitute for that great and powerful anti-periodic, Quinine, not because it has not superior powers to remove the malarial poison which is the cause of this disease, but because of the fear for some time past that the lives which depend, this powerful agent, may be consumed, and also of the high price which this drug is sold at the present day. It is for this reason that so premiums have been offerd, for the discovery

of a great substitute for this drug. Quinidine has within the last year or two been brought to our particular notice. I would state that fifty and eight cases of Malarious fever were treated at the Alms House during the past summer with marked success, answering just as well as quinine, and given in the same dose.

The compound Rock powder is an excellent remedy, of the termination of our heats and of the disease. After the pyrexia has been checked, and convalescence, we usually find the subjects of these diseases [illegible], and with general atonicity, and the above prescription is an excellent combination for such cases with extreme debility, [illegible], and stomachic. The Iron acting directly to replenish the red corpuscles of the blood, of which malaria seems to have [illegible]

peculiar power of rapidly depressing the [illegible] nervous [illegible] antiperiodic to prevent the return of the paroxysm — the [illegible] acting as a stomachic — a quite stimulant to the [illegible] powers of digestion, and to the gastro-intestinal capillary vessels, which are more or less affected in the congestion to which they have been subjected during the paroxysm of the disease, and the whole acting combinedly as a general tonic to the system —

Case No 5.

Eva Kaughpnan. Aet: about 40. Admitted to Alms House Sept: 25th When admitted to Hospital complained of great pain in right Hypochondriac region. She was given an emetic, which after operating seemed to relieve her. At night she became quite delirious. In the morning found her lying on her back; breathing stertorously, her eye lids closed,

conjunctiva suffused with yellow, pupils dilated and fixed. Extremities cold, heart's action regular and moderately strong, pulse feeble. Percussion showed her liver enlarged. As the case was considered one of Congestion of the liver, she was ordered to be cupped, 6 on the nape of the neck, and 8 over liver. Blood came away freely; had not the marks of truly inflammatory blood: looked more like disorganized blood. An injection of one drop of Croton oil to one ounce of Castor oil suspended in mucilage of Gum Arabic produced no effect. Mustard was applied to extremities without producing vesication; the strong Spirits of Ammonia did so finally. Remedies availed nothing. She died at 4 P.M. today. Delirium occurred some time previous to death.

Sept: 27th. A post mortem examination revealed considerable congestion of the Brain; some serous effusion at the base, and in the ventricles: No other lesions of this organ appreciated. Lungs congested. The left adherent to parietal and diaphragmatic

pleurae: also the different lobes adherent by bands of lymph. This was undoubtedly the result of a former attack of pleurisy: otherwise healthy. The liver was adherent by bands of lymph to a small extent. The colour, size, and consistency of liver, nearly natural; But in the Gall Bladder were found two billiary calculi, an inch in diameter. Instead of the bladder containing healthy bile, its contents resembled pus. The cystic duct was not unduly large - All the other viscera of the abdomen were healthy -

Case No 6.

Betsy Butler

Admitted to Alms House

Sept: 26th. Found her upper lip tumefied; also the "alae nasi"; a scarlet blush suffused through portions of her face, which paled under pressure, but on the removal of the hand immediately regained its scarlet hue. Her pulse indicated a sthenic inflammation.

She had been purging and vomiting, though this had often occurred before, owing to her beastly propensities for eating.

Sept 27th: On inspection this morning am satisfied that this is a case of Simple Facial Erysipelas - its limits have increased somewhat since yesterday. She was ordered 25 drops of Mur=iated Tincture of Iron every 3 hours. She was then painted around the limits of the inflammation with tincture of ~~the~~ Iodine and let the tincture extend an inch on the healthy and an inch over the diseased skin -

Sept 28th: The circle painted with the Tinc=ture of Iodine at first seemed to have some controlling effect over the extention of the inflammation, but it has now progressed beyond, and the upper lids of the eyes are involved. Again she was painted beyond the inflammation to try again its efficacy

in preventing its extention. Her pulse being much weaker, she was ordered Port Wine ℥ij
Sept: 29th: Still extending: ordered Port Wine ℥viij daily. Pulse very weak, and slow - extremeties cold -
Sept 30th: Inflammation has not extended since yesterday: pulse fuller and more rapid, the extremities have their natural temperature; complains of great hunger: Bowels are opened once or twice daily. On the same treatment as at first -
Oct 3rd: Desquamation of the cuticle has commenced over the lower part of the face - the inflammation has ceased to extend: on the same treatment as before with the addition of Quinine -
Oct 12th: She gradually improves under the treatment. Her appetite is excellent and she complains of not

getting enough to eat; a pretty good indication of returning health.

Case No 7.

Joseph Vince. Labourer. Admitted to Alms House June 13th. 1855. Aet 28. This is an exceedingly interesting case. The extreme excitability of his vascular system contra-indicated the adoption of the heroic plan of treatment recommended by Dr Fox viz gr x argent: Nitrat: to the ounce of water. His pulse being 160, 6 Oz of blood was drawn from his arm; this amount producing but a slight effect on the fulness of his pulse, in three hours 6 Oz. were again abstracted with decided benefit, reducing his pulse to 120. Previous to his bleeding he had been actively purged with Castor oil and Hydrag: Protchloid: gr x
Extract Colocynth. Comp. gr V } M. Ft: Chart j.

At the same time with a view of allaying his fever the following Recipe had been exhibited viz.

℞ Antim: et Potass: Tart: gr j
Potas: Nitrat: — ʒß
Pulv Doveri — ʒij } Ft: Chart: V. Give j every two hours.

This however did not produce the desired effect & bloodletting was consequently resorted to again. The local disease was ordered to be treated by exhibiting the following combination viz -

Copaiba	℥ij	A table spoonful to be given twice.
Ol "	M xx	June 18th: Pulse 100. Pains in
Sp. Ether. Nit.	℥jv	chest have left him. Complains
" Lavandulae	℥ij	only now when he makes his
Aq. Camph:	℥vij	water. Gonorrhoeal discharge

diminished. Ordered as an injection

June 19th:

Sulphat Cupri	gr xvj	M. Ft. Sol: as an injection.
Tinct Opii	℥ij	June 25th: Since the exhibition
Aquae	℥viijss	of the injection a great improve=

ment has taken place, the swelling of the glands penis which produced phymosis has subsided; the discharge much reduced in quantity and of a thinner consis= tency; pain on micturition sensibly abated. He has also kept his penis bathed in solution of the following

Plumbi Acetat	gr xx	
Tinct opii	℥ij	His fever having slightly
Aquae	℥jv	

increased he was given the neutral mixture with benefit. The Copaiba mixture, which was stopped after taking the amount first ordered, was again resumed with advantage.

July 7th: An injection of Nitrate of Silver was substituted for the Sulph: of Copper. Discharge very slight and only upon squeezing the parts. Strenght of this injection was about grs ij to ℥j of water. The improvement was very marked under the substitution of Nitrate of Silver for the Sulph: of Copper injection. In a few days he was well & discharged.

Case No 8.

Caroline Kelly. Æt 14. Admitted to Alms House Dec 19th: 1855. She states she was employed as servant in a household & also assistant on Market-days in the Marsh Market, where she was exposed to cold and wet. Worked in bare feet on the cold & wet bricks of the pavement. Was taken sick about 20 days ago with considerable fever. Found time=

faction of the knee joint, which was soon followed by pain in the part. There is no redness, but considerable swelling. I should judge from the extent of the oedema and its doughy feeling that the tissues external to the synovial membrane were involved and that in addition to the "hydrops articuli" there must also be an effusion of serum or may be of Liquor sanguinis into the cellular tissue surrounding the joint

Dec: 20th: There not being any leeches in the house she was ordered to be cupped above & below the joint at some distance. Four cups were applied and bled freely. This did not appear to effect the extent of the oedema. She was also ordered to take of the following Recipe one Pill ter die.

Hydr: Bot: chlorid: grs xij
Digitalis Pulv: grs iij
Scillae Pulv: grs vj
} M. Ft. Pill xij.

Also have the part kept constantly bathed or moist by means of cloths saturated in a solution of the following recipe

Plumbi Acetat grs XX } Dec 22. It was found
Valeny Sol: Opii ℥jv } today that the bandage
which had been applied around the joint with
a view of producing absorption of the effused
serum, retarded the return circulation, thereby
producing slight oedema of the foot and leg,
and that she did not keep the joint at rest,
it was placed in Dr R. R. Smiths apparatus,
for fractures, bandaging it above and below,
and leaving the space open over the knee, so as
to be enable to apply counter irritations, in
case of need thereof.

Dec 27th. For three days past there has been
applied to the knee, which was considerably
tumefied 20 drops ter die of the following

Potass Hydriod.	℥j	Today the swelling is
" Bromide	℥ß	decreased and she is appa=
Tinct Iodine	ãã ℥j	rently very comfortable
" Opii		in the apparatus, not
Aquae Pur.	℥iij	complaining of its hurting

her at any one point. She complains today of sore throat. On examination there was found con-siderable congestion of the tonsils. She was or-dered to gargle her throat with 10 drops of "Tinct. Capsici" in some water

Jany 18th 1856. The joint has regained its original size. She has never had it out of the apparatus since it was put therein. She has no pain. Sleeps well, has no fever.

Jany 19th: The apparatus was taken off today. She has not felt any pain for a long while. The cure is nearly completed.

[illegible]

Jany 21st 1856.

An

Inaugural Dissertation

on

Acute Pneumonia

Submitted to the examination of the

Provost, Regents

&

Professors of Physic

of the

University of Maryland

for the degree

of

Doctor of Medicine

by

P. M. Williams

of Fredericksburg

Virginia

Introduction

It is impossible for me gentlemen, to treat this subject as fully as I would wish, because my knowledge of it is as yet limited, and besides there are other duties of the class devolving on me, which, if I neglect, I would do myself a wrong and perhaps reflect discredit upon the school in which I have the honor to be a pupil.

I need not inform you, gentlemen, that ever since I entered the University, I have endeavored to conduct myself in a manner becoming a gentleman, and by strict attendance to study and attention to, believed, to gain a that amount of knowledge which shall enable me to meet with some degree of confidence the world, but at the same time,

serious responsibilities which will sooner or later fall upon me.

I have not pursued the study of medicine with the sole only of obtaining the degree, but I have studied it with a view to practice; whether I have studied it faithfully or not, that pertains, if for you to judge, not for me to say.

I know of no more appropriate occasion than the present, to thank you, gentlemen, for the gentlemanly treatment and kind I have received at your hands while a student in the halls of the University of Maryland. Believe me, gentlemen, you find me at the death never to forget it. I will endeavor to repay you for it by ardent and zealous application of my humble faculties to the advancement of the noble profession in which I have chosen, and of which, gentlemen, you have the honor to be members.

Yours Respectfully
[illegible] Williams.

Pneumonia.

There are several varieties of this disease spoken of by various authors; and these varieties are named from the portion of the lungs affected; from the relation the disease bears to other diseases with which it may be associated; from the character of the accompanying fever; and from the general state of the system.

When the disease affects a single lobe, it is called lobar pneumonia; when it affects a few isolated lobules it is called lobular pneumonia; when both lungs are involved it is called lung pneumonia; when the pleura is larger in extent it is called pleuro pneumonia; when associated with a feeble condition of the system, it is called typhoid pneumonia; and when associated with malaria, it is called bilious

pneumonia; lastly pneumonia may be either acute or chronic.

In the greater number of cases, pneumonia is [illegible] the inferior lobe of the right lung, but it may, and sometimes does, commence in the superior lobe; it may affect both lungs, and [illegible] the lower lobe of one lung and the upper lobe of the other lung at the same time.

It is very important to know [illegible] the Acute Lobar form [illegible] lungs.

Acute Pneumonia

Acute pneumonia may be defined to be acute inflammation of the spongy tissue or parenchyma of the lung.

There are three and [illegible] conditions of the lung [illegible] to different stages and periods of inflammation, and there are two others due to the same cause (inflammation outside and not lung), [illegible] shall proceed at once to describe the three first stages and [illegible] upon the last two.

The first stage is that of congestion or engorgement; in which the lung tissue is redder & more dense, and [illegible] held under pressure than in health, because the cells which before contained air, now contain serum, which has been poured out as one of the events of inflammation. It is heavier than natural, inelastic, and retains the impression of the

finger down, pressed upon. When the inferior portion is cut, we find it red, and exuding from its surface a great quantity of reddish colored frothy serum. The exudation is not diminished, it is more easily torn, more in this respect like the spleen, and accordingly the term splenization has been given to this stage of inflammation, and the disease hepatization has been applied to the lungs in this state.

In this stage of engorgement the mucous membrane of the bronchial ramifications is of a deep red color, the vessels much engorged, although its specific gravity is increased, still sufficiently light to float on water.

If the inflammation still continue, it passes into the second stage, or is denominated by writers that of red hepatization in which stage the lung presents the following characters.

It is still red, but the vessels are empty, and with the lung, when in a portion of the hepatized lung be cut off and thrown into

vation it will no longer float because the air has been made to evacuate the cells by exudation into them of vaporizable liquid. If the cut surface now be viewed, it will be found to present a slightly mottled or variegated appearance and studded over with minute granulations; this granular state of the lung being produced by lymph having been effused into or between the cells. If there still float out, under pressure from the cut surface, some red fluid but much less in quantity than in the stage preceding, and it is not frothy; and if it be drained with the handle of the scalpel it will be found to be mingled with a thicker and yellower matter the first indication of commencing suppuration.

I should have mentioned that the cut surface of the lung in this stage on minute scrutiny presents the appearance of the liver, where the lung is in hepatization.

On opening the thorax, the lung does not collapse, because it has been

solidified by lymph which has been exposed into it, and thereby it offers sufficient resistance to atmospheric pressure. The texture of the lung in this stage is sometimes so solid that a moderate degree of pressure between the thumb and finger will be sufficient to reduce it to a pulp.

In a degree still further advanced, the pulmonary tissue, dense and impervious to air as in the last stage, undergoes change of color; it presents a reddish or grayish yellow appearance, and when cut exudes a yellowish grumous fluid, sometimes tinged with blood, and if the cut surface be scraped it will present in some instances a granular surface, and in others, it will be level and uniform. The lung is much softer than in the second stage; indeed it is so much so that if it be pressed between the fingers, it is almost totally resolved into a purulent fluid with only shreds of solid tissue remaining. A

very moderate degree of force, even a slight violence in handling, will sometimes give rise to a cavity in its substance which gradually fills with pus, and may easily be mistaken for true abscess. This is the third stage, called by some, gray hepatization, and by others, and I think it far the more appropriate name, purulent infiltration.

Abscess of the lung, as the result of acute inflammation, is, as I have mentioned before, of very rare occurrence. It may be known by its cavity being lined with a smooth, gray false membrane, and by hepatized lung surrounding it.

Gangrene, also mentioned before as being of rare occurrence, is I believe somewhat more common than abscess. It may be recognised by its dirty olive or greenish brown color, and by the excessively stinking odor arising from it.

Having now given a full description of the changes wrought in the lung by inflamma-

tions, we shall be able to appreciate the various sounds produced, as these changes may take place.

I shall describe them as they occur in each stage separately.

Signs of the first stage. If the ear be applied to that portion of the chest directly over the inflamed portion of the lung, we first hear harsh respiration, caused by the drying of the air cells by inflammation, and therefore roughening them. If the ear be applied a little later, or in other words, when the inflammation has gone on to the stage of effusion, we hear fine crepitation, and mingled with it some degree of respiratory murmur. This fine crepitation is caused by the passage of air through the serum which has been effused into the air-cells of the lungs as one of the events of inflammation. This sound occurs in rollies, and is entirely confined to inspiration, and I believe, is peculiar to this disease. Percussion affords us but little advantage in this stage of the inflammation, be-

-cause the air has not been excluded from the cells to that degree sufficient to give us an appreciable amount of dulness although it is rational for us to infer from our knowledge of the condition of the lung in this stage, that there is a change, although it cannot be appreciated by the ear.

Second Stage.— If now percussion be called to our aid, there will be emitted a flat, dull sound, compared with that of the healthy side. If the ear be applied, we hear some degree of fine crepitation, but mingled with it a whiffing sound, similar to that produced by blowing through a quill; this is bronchial respiration, caused by coagulable lymph being poured out into the air cells, and smaller bronchial tubes, thereby consolidating the lung, and rendering bronchial respiration audible, which is not the case in the healthy lung, except on each side of the head of the Sternum, and between the scapulæ.

If the ear is still kept applied to the chest, and the patient directed to speak,

a loud resonance of voice will be heard, seeming as if the patient were speaking through a tube; this is bronchophony, due to the same cause as bronchial respiration, (consolidation). If, now, the hands be applied to the patient's chest, one on each side, and he again directed to speak, there will be felt a vibration of the walls of the chest, stronger on the affected, than the healthy side; this is vocal resonance, due also to consolidation.

Third Stage. — In this stage, we have no positive signs informing us that the lung has passed from that of consolidation, into the stage of purulent infiltration; but if the patient expectorate pus, we might, I think, conclude that the third stage had set in.

Should an abscess form in this stage, it will be manifested, when it has burst and has not fully discharged its contents, by a cavernous gurgle; and if it be empty, we will know it by pectoriloqy, cavernous respiration, and voice.

Gangrene of the lungs is recognised by the sudden collapse of the patient's powers and by the horrible odor which emanates from the gangrenous lung.

Acute pneumonia is usually ushered in with a chill, more or less severe, followed by febrile reaction, pains in some portion of the thorax, difficult breathing, and cough. Sometimes the pain, difficult breathing, and cough, occur without chill, and sometimes the attack is preceded for a day or two, with a general feeling of lassitude, uneasiness, loss of appetite, and more or less fever. When fully developed, pneumonia is characterized in most cases, by fever more or less severe, quickened breathing, and pain in the side or back part of the thorax, cough, and a scanty viscid expectoration, often intimately mixed with blood. On each of these symptoms it is necessary to expatiate, as they are liable to great diversity.

The pain may either precede, accompany

or follow the commencement of the fever. It is sometimes, in the beginning, very acute and severe, is much increased by full inspiration, by coughing, and by pressure between the ribs. But in the larger number of cases, the pain is of a dull, obtuse character, producing a sensation of soreness, oppression, weight, or heat, sometimes referred to the side affected and sometimes to the healthy side. In some cases the pain is altogether latent, produced only when pressure is made on the affected side. And again, the disease may run its whole course without the least pain manifested by the patient even upon strong pressure.

The breathing is always quickened; sometimes increasing from between sixteen and twenty in a minute, which is the average standard in health, to thirty, forty, and even sixty. Accompanying this increase of respiration, there is usually a sensation or feeling of oppression, which will be increased by the least exertion of the vocal powers.

The dyspnea is sometimes very distressing, compelling the patient to sit up in bed, and even in this position it is almost ~~po~~ impossible for him to speak or to breathe. But this amount of dyspnea is not met with in all cases; it differs in different individuals, even ~~the~~ with the same amount of local disease.

Cough is seldom if ever absent in the course of the disease. In some instances it is violent and painful and in others moderate and without pain. At first it is dry or attended with only a little mucous expectoration but very soon a viscid semi-transparent matter is thrown up which soon becomes mixed with blood, so as to give to it a rusty or yellowish green color the color depending upon the amount of blood that may be mixed with it.

As the disease advances, the properties of the sputa become more characteristic. The tenacity is so great that it adheres to the vessel into which it is expectorated, even

when it is turned upside down. When the disease has run on to the third stage, we sometimes have a matter expectorated presenting very much the color of liquorice dissolved in water. A fetid odor of the expectoration is indicative of the existence of gangrene. Fever is always present in a greater or less degree. In some cases it is mild, and in others violent in the highest degree. It also in some cases takes on a remitting character; exacerbations occurring daily, usually towards evening and accompanied with increase of pain cough dyspnea and blood expectoration. Delirium is sometimes present and when it is, it is a bad symptom.

As for the causes of pneumonia, they are the same as those which give rise to inflammations in general, the principal of which are cold and damp weather, external violence, &c.

The principal diagnostic symptoms of this disease are the pain and expectoration; but in a great number of cases

they avail us but little unless taken in connection with the physical signs. The diseases with which pneumonia is most likely to be confounded are bronchitis, pleurisy and the early stages of phthisis. Bronchitis may be distinguished from pneumonia first by the expectoration secondly by the pain and thirdly by the physical signs.

The expectoration in bronchitis is thin and albuminous and never mixed to such an extent with blood as to give it that characteristic rusty appearance presented by that of pneumonia. The pain of bronchitis is of a burning raw or sore character and generally referred to the anterior part of the chest just behind the sternum, while that of pneumonia is more acute and generally situated in the side or back part of the thorax. In bronchitis we have sibilant and sonorous rhonchi in the first stage and in the second mucous rhonchous; while in pneumonia the first stage is recognised by harsh respiration

and small crepitation; and in the second by bronchial breathing, bronchophony, and dullness on percussion, none of which signs occur in bronchitis. As pneumonia is very often complicated with pleurisy the pain could not be taken as a symptom of much diagnostic value so far as it goes to distinguish one disease from the other. The rusty expectoration and physical signs are the principals and after all the only true base upon which we can form a correct diagnosis. In pleurisy we have a thin albuminous expectoration sometimes streaked with but never mixed with blood in such a manner as to give to it that characteristic appearance presented by pneumonia. In pleurisy we have in the first stage the friction sound and in the second egophony neither of which sounds occur in pneumonia.

Phthisis could hardly be confounded with pneumonia except in its early stages and then the history of the case and general appearance of the patient would enable

as to form a correct diagnosis.

The prognosis of acute pneumonia is almost always favorable when seen in its early stage and proper remedial means are employed. The signs of improvement are; a decline of fever, the expectoration becoming less bloody and less adherent. The signs which are most unfavorable, are the occurrence of delirium or coma, the rapid failure of the powers of life, and the occurrence of gangrene.

The treatment of acute pneumonia, to be of any avail, must be most strictly and actively antiphlogistic.

The indications are; first, to subdue vascular excitement, second, to remove the products of inflammation, and third, to support the powers of life as soon as they shall have begun to fail.

For fulfilling the first of these, bloodletting, either general or local, and tartar emetic; for the second, mercury and expectorants; and for the third, barley or rice water the animal

broths, and if the case should require it, cinchona and its preparations, or other of the vegetable tonics.

Blood letting to be of any avail in this disease must be practised early, — before the powers of life have begun to fail. The quantity of blood to be taken varies in different individuals therefore I would not bled by ounces as some have recommended but I would take blood according to the effects produced on the general constitution and if necessary repeat it.

The circumstances under which I would take blood are as follows: the disease must not have gone on until the powers of life are greatly depressed, the patient must have had a previously good constitution, must not have indulged too freely in the use of alcoholic liquors or other stimulating articles he must have a full strong pulse flushed face and suffused eye.

Local bloodletting is either used as a sub-

stitute for, or in conjunction with, general blood letting.

Blood letting does not ~~only~~ act only by diminishing the amount of blood in the system; but it also acts by the sedative influence produced upon the system at large by its revulsive influence, and by its power of arresting, and at the same time promoting the absorption, of the effused fluid, and by actually giving to the lung a certain amount of rest.

Tartar emetic is of undoubted value in this disease; not as a substitute for [illegible] as some have supposed, but as an assistant, and where the disease occurs in a constitution somewhat enfeebled, or in other words, where the vital powers of the patient are [illegible] or depressed so as to contraindicate general blood letting, when tartar emetic becomes almost our only hope. Some authors have asserted that under tartar emetic produces evacuations of some kind, no beneficial effects were to be expected from it, but I will not, gentlemen, presume in the

present state of our knowledge, to say whether this or the opiate be the best; but I will say that in two cases, at least, I have seen this remedy produce all its beneficial effects without producing any appreciable evacuation. Yet, notwithstanding this, it is true, and that in the greater number of cases, that no time and frequency [illegible] is required; [illegible] that [illegible] cases evacuation is produced, with a decline of the pulse following it, that we must, in all cases, seek to produce this [illegible]. On the contrary, it should be our object to establish a tolerance for the drug, by commencing with it in small doses, say from 1/64th of a grain, repeated, and increasing to 2 or 4 grains in the twenty-four hours, as the case may demand. And again, [illegible] in any acute febrile disease, is always attended with some degree of inflammation, increasing the force of the pulse and [illegible] the center of the diaphragm. And it is quite well known that there is no remedy in the world

[illegible] of the materia medica were [illegible], as immediately tends to set up diarrhœa, its powerful tendency to [illegible] if [illegible] ed still further, [illegible] [illegible] [illegible] of the alimentary [illegible], [illegible] [illegible] complicating the disease, and as I have said above, by setting up diarrhœa, which in a great many instances is [illegible] uncontrollable; a circumstance requiring to be closely watched for, and directly symptoms of inflammation of the bowels or diarrhœa commence, the remedy must be withdrawn, and if necessary, treatment be instituted calculated to correct this state. Otherwise, in a very short time, the patient will be so much prostrated that it will be next to impossible to restore him, even with the most active stimulants.

It will be seen from what has been already stated, that irritation or inflammation contra indicate the use of this most valuable remedy, and it is also contra indicated by a very enfeebled state of the system, with quick, weak, fluttering and low temperature of the surface;

Mercury in this as in all other inflammatory diseases is a remedy of infinite value. It may be given either as a cathartic or an alterative. When given for its cathartic action it may be exhibited in 5. 10 or 15 grain doses; when for its alterative influence in ½ to 1 grain doses repeated every 15 or 20 minutes or where a more rapid action is desired it may be given in larger doses, or external mercurial friction may be practised at the same time.

This drug is principally indicated in the second stage or when the disease is passing from the first into the second. It is also indicated in those cases in which from some cause or other the action is of so low a grade as to contra indicate blood letting and tartar emetic. It is contra indicated by a plethoric state of the system by excessive vascular excitement by a predisposition to tuberculosis or scrofula and it is also contra indicated when the disease has passed into the suppurative stage.

We are instructed by some authors to give this drug until its peculiar constitutional influence is evinced; but this rule does not hold good in all cases, for you all, gentlemen, are aware that there are certain individuals to whom the drug may be given, day after day, or week after week, without producing any of the phenomena characterizing its constitutional influence. Therefore if I may be allowed the presumption I would say continue it until a slight soreness of the mouth is produced or till a decided amelioration of the symptoms had taken place. It will be useless for me to enter into a detail of the phenomena which characterize the mercurial state because they are of so common occurrence that even the most ignorant recognise them when produced. I should have mentioned that the mercurial and tartar treatment may be conducted at the same time and in the same case or in other words that the two drugs are not incompatible. A very good plan is to alternate

them; for instance give mercury one hour and tartar emetic the next, and so on.

Expectorants, to a greater or less extent, are required in all cases of this disease.

They are of two kinds; first, those of a sedative nature, and seconds, those of a stimulating or restorative nature.

The former class are used in the early stages of the disease, the principal of which are ipecac and tartar emetic. The latter are indicated, when the strength of the patient has begun to decline, and when febrile action is very violent; the principal of these are seneca, squills, solutanum, and car. of ammonia.

The diet in the early stages should be mild and unirritating and should consist of aqueous preparations such as rice or barley water, and the like, and in the latter stage when violent action has subsided and the patient begins to grow weak, beef or mutton tea may be substituted.

An

Inaugural Dissertation

on

Stricture of the Urethra

Submitted for Examination

to the

Provost Regents and Faculty of Physic

of the

University of Maryland,

For the degree of

Doctor of Medicine

By

Joseph L. Cowles

Macon, Georgia.

Stricture of the Urethra

Most of the text books on Surgery make three varieties of Stricture of the Urethra. As I intend writing only on Permanent Stricture. I have followed the arrangement of Ochelus who considers the Spasmodic and Inflammatory under the head of Retention of Urine.

Stricture of the Urethra is a narrowing of that canal, the result of chronic inflammation.

The causes are various. Repeated attacks of Gonorrhea, the phosphatic diathesis, - accidental injuries to the Urethra, The presence of a calculus in the bladder, Habitual intemperance - are perhaps the most common.

Strictures may occur in any portion of the canal anterior to the prostatic. They are generally found, however, about the bulbous urethra of the Urethra; or at the junction

with the membranous portion.
A like variation as to extent also exists.
Some are thread like, others are long and
occupy but one side of the canal.
The approach of Stricture is always insidi
ous. At first the patient has a desire
to urinate more frequently than common.
The stream of urine is forked or twisted,
A few drops dribble away after he
has "buttoned up". There is itching at
the end of the Penis and pain in
the testicle of a dull aching character.
There is in many cases a gleety discharge
from the urethra. While this discharge
continues the patient has but little
difficulty comparatively in making
water, but let the discharge be arres
ted from any cause as taking
cold or making use of improper
articles of food or drink he either
cannot urinate at all or has great diffi

-cully in doing so. Should the dis-
ease continue without surgical
interference the Bladder becomes
very irritable or from habitual
distension loses a great deal of its
contractile power. The Urethra be
comes as it were but a prolonga
tion of the Bladder. In my
case with a patient at the Baltimore
Infirmary: In his case a stricture
existed about four inches from the
Meatus, through which it was only neces
sary to pass a Catheter - the urine issued
as readily as if the instrument went
all the way into his bladder. Nor
had he any control over the stream
until after treatment had been instituted
for some time.
With such constant irritation the
constitution cannot but be affected
The patient becomes thin and lose

strength. Rigors resembling those of intermittent fever often occur. He is confined to his bed and in an attempt to urinate making a more forcible effort than usual ruptures the Urethra. Urinary Extravasation and Abscess result. Typhoid symptoms ensue and he dies.

Notice of lesions found after death will probably come in here more appropriately than elsewhere. Where the stricture has existed for some length of time not only may the submucous cellular tissue of the Urethra be involved but the corpora Spongiosum & Cavernosa have their structure so changed or obliterated by the deposit of L. tissue as to resemble Cartilage. The Mucous Membrane may be and is perhaps in many cases entire but in others has ulcerated more or less extensively. The Muscular coat of

the Bladder is hypertrophied general-ly. The ureters are in many cases enlarged. The Kidneys are more or less changed in proportion to the time which the disease has exist-ed.

Treatment. The indications are as in any other disease - to remove the cause, and to treat any complications which may arise.

As I have previously stated Stricture is the result of chronic inflam-mation. This may have been the sequel of some acute attack or of a tic irritation created by some morbid condition of the Urine. Under appro-priate treatment or by nature's efforts all inflammatory symp-toms may have subsided; but one of the results of "Chronic inflam-mation, of mucous membrane" particu-lar portion which the disease depends

still remains, namely - Thickening - or a deposit of lymph in the sub mucous cellular tissue

For fulfilling the first indication we might of course expect very little from general treatment. If we should ascertain that the phosphatic diathesis still existed we would of course direct our treatment to the removal of it. Local treatment is however by far the most important in the removal of the disease. Of all the forms however that by <u>dilatation</u> is the most successful. There are other means made use of which will be mentioned further on. The modus medendi is obvious - pressure is known to be the best sorbefacient which we possess. Now if we bring pressure to bear upon the points of thickening, the deposited lymph is absorbed and the canal is restored

to its original size

The Instruments which we make use of in dilating the Structure are Bougies either metallic or Gum Elastic of various sizes. In commencing the use of them one of a large size should be selected to ascertain in the first place wheth er a structure exists or not. Instances have been known where the enlargement of a small instrument in one of the lacunae was mistaken for a structure. Then by the use of a large instrument we ascertain whether there be a slight degree or nearly impermeable stricture. To this may be added the well known fact that a large instrument is more easily introduced than a small one if it can be at all. After having satisfied ourselves of the existence of the stricture and its location a smaller

instrument may be selected. The result of the first attempt to introduce it will probably be a failure if it be a tight stricture but the attempt should be repeated from day to day until we succeed. Patience and gentleness will effect more than any thing else here. The instrument should never be forced violently forward as the diseased mucous membrane is easily ruptured but only so much as is necessary to make the instrument move forward as it were by its own weight. It will be known to have engaged in the stricture by letting it go; if it recede it has not entered but the point of the instrument if it be a gum elastic one has bent back. Or if it require some little force to withdraw it. Frequently we have to deal with strictures which are almost impermeable. Here bougies of Slippery Elm are of great value. A piece of bark

of sufficient length, a rope and a piece of sand paper are all that is required for the manufacture of them.
Bougies of this material require to be dipped in warm water for a few seconds to diminish their liability to fracture. They should not be allowed to become too moist before using them as they are then too flexible.
It is surprising with what facility they will enter an almost impermeable stricture - one which would not admit the smallest size gum-elastic bougie. The absorption of moisture within the urethra causes them to swell, gently dilating the stricture. The mucilage which they contain renders them less irritating than any other material of which we could make use of, with the advantage of their being so easily

made and of a material always on hand are circumstances greatly in favor of their employment

Of the use of Caustic in Stricture I have never seen enough of it to enable me in forming any opinion of it at all. Where there was great irritability of the part I should think that the sedative effect of the Nitrate of Silver might be taken advantage of. The best instrument for applying it would be the Porte Caustic of Lallemand

The use of the Urethrotome. In many strictures especially of those near the Meatus this instrument can be used to advantage. Various forms are used according to the figure of the stricture. Some are curved others straight. Some cut as toward the bladder others as withdrawn. French Surgeons use them more than

those of this Country or England. I have seen the straight one used by our Professor of Surgery with the exact result. The advantage in favor of the division of the stricture seems to be a speedy cure. This is certainly a great one when time is an object. Then we frequently meet with patients who cannot bear the irritation produced by the passage of an instrument. Here we have only to divide the stricture by one operation when we can at once introduce an instrument of pretty good size in to the part. In unskillful hands or where the stricture is far up it is a dangerous instrument I should think. Some vessel might be wounded from which the Hemorrhage would be troublesome to say the least of it, or the urethra be completely cut through, a common

would be likely to result with all its train of bad symptoms.

Of the method of cutting down on the stricture and dividing it from without I can say nothing, never having seen the operation.

Of all the methods however I should prefer that by dilatation as being the safest and least painful both to the patient and to the practitioner. But it is the one of all others which requires the most patience and gentleness. The parts naturally endowed with a good deal of sensibility and lined by a delicate mucous membrane are often rendered more sensible and softer or more easily torn by disease will not bear rough handling. Nor is there any advantage gained by it. The liability to make a false passage or of exciting such a degree of inflammation as to preclude our further efforts

for the time at least are among the results which are likely to occur.

The occurrence of Rigors in the course of the disease is a common circumstance and need not excite much alarm where they do not mark the formation of Abscess.

Rigors also occur sometimes in many cases of stricture independent of the abscess. It meets with them most frequently in patients even not emaciated. They usually occur at irregular intervals, being caused in many instances by the introduction of a bougie or the application of Caustic to a stricture. The paroxysm very nearly resembles that of intermittent fever and is more severe when it follows the use of a bougie than when it occurs independently of it. In general the cold fit being followed by the hot fit and that

by a profuse perspiration the patient is relieved"

As to the length of time such a bougie should be left in the part - a few minutes will be sufficiently long, some days. If much inflammation be excited by the passage of a bougie or catheter its use - it should not be used for some time. Anodyne injections - a few leeches to the perineum - anodyne poultices - demulcent drinks and so forth may be resorted to and generally afford relief. The patient should be warned of the liability of the disease to return. In fact it may become necessary for him to use a bougie occasionally all his life - particularly if the stricture has been divided by the urethrotome or be the result of an accidental rupture of the urethra as a cicatrix always has a tendency to contract

Excesses of all kinds should be avoided by him, the use of stimulating articles of food or drink should be prohibited. An attack of Gonorrhea is almost certain to reproduce it. Exposure to cold or damp & strain back exercise, should be avoided. Indeed almost any indiscretion on the part of the patient will increase his liability to a fresh attack.

Hoping that this first attempt at a Thesis or inaugural Composition may meet with the approbation of those who have made it one of the requisites for obtaining the degree of M. D. it is respectfully submitted to their Examination

A

Clinical Report

Of seven cases

Submitted to the examination

Of the

Provost Regents & Faculty of Physic

Of the

University of Maryland

For the

Degree of Doctor of Medicine

By

Thomas R. Kapp

Of Virginia

Feb. 14th 1856-

John Henouff, Laborer, Native of Germany, age 28 years, entered the Baltimore City & Co. Alms House, August 6th 1855.

I saw the patient on the same day he entered the Institution. He was very delirious, pulse very quick, but weak small and compressible. As to his general history I could get nothing of any reliance from him concerning his history either as to how long he had been sick, or in what manner he had been taken, owing as I thought to the peculiar nature of his disease.

His peculiar look, the dusky hue of of his face, dull expression injected state of his eyes, when spoken to startled and a little alarmed, the ringing or buzzing in his ears, hardness of hearing, his tounge rough, dry and parched covered with a brownish coating, tremulous and protruded

with difficulty, his low muttering tone of voice, tympanitic abdomen, flinching pain in the right Iliac region on pressure and the rose-colored spots, fixed the disease beyond a doubt to be that of Typhoid Fever. It is clearly evident that this man had been sick for some time previous to his coming to the Alms House. I infer (and I might say that I know so) from the grade of his symptoms, especially from the rose-colored spots - for these never appear at the commencement of the disease, not until the seventh day and usually between the seventh and fifteenth days.

The prognosis in this case was exceedingly grave.

(The cause of Typhoid Fever is not precisely known. There are many circumstances or conditions

which seem to give origin to it. And among the most productive of its apparent causes are confined and vitiated air, insufficient and unwholesome food. Thus it appears to originate in ill ventilated apartments, in Hospitals and where human beings are crowded together &c. "But may these not act as exciting causes? May there not be an inherent predisposition that can be brought into action by these and similar causes?"

"The true nature of this disease appears to be unknown.)

Treatment. "This patient was treated on "the expectant plan". No cathartic was given as his bowels were tolerably loose nor were they at this time checked, as they were not too much so, but a cathartic (mild) would

perhaps, have done good by clearing the irritating matter from the bowels.

His fever being high, skin hot, pulse over one hundred beats in a minute he was ordered Neutral mixture ℥viij, Carbonate of Potassa ʒjj - S. ℥ss to be taken every three hours.

August 7th - A.M. The nurse says he slept very little during the night, getting up out of his bed, and walking about the room (though entirely unconscious of it). He is more delirious, picking at the bed-clothes and appearing quite amazed when spoken to - Pulse 120 in a minute - His bowels are moved much oftner - The fever is higher at ~~some~~ time at another lower. He was ordered Tinct Opii ℥jj, Tartar Emetic grj, Aqua Camphora ℥j - S. A teaspoonful every hour until he gets quiet. The laudanum was

given here to check the bowels as well as to procure sleep, The Tartar Emetic as a sedative, the Aqua Camphora for its supposed Narcotic influence as well as for its excitent effect. The patient was also ordered beef-tea to be kept all the time by him.

Aug. 7th 5 P.M. The patient has been more quiet, pulse not quite so quick but still very weak. Ordered in addition to the above Brandy, a table spoonful of which to be taken every two hours.

Aug. 8th 4 A.M. The patient worse his pulse quicker and much more feeble, in fact all his symptoms are increased. The same plan of treatment continued, and besides that mentioned above, the patient has been and is frequently sponged with cold water & ice constantly kept to his head.

Aug. 9th A.M. The patient seems to be getting worse and worse — all his symptoms are increased — heat continued. The brandy and beef-tea used more extensively, and although there is no hope for the patient yet we use these latter as the last resort.

Aug. 9th. The patient sinking every moment — pulse slower and scarcely perceptible, extremities cool — he is now troubled with fitfulness, continuous groans. The stimulant (Brandy) continued.

Aug. 10th — A.M. Find the patient dead.

The post-mortem examination, made on the same day of his death, proved the diagnosis to be true beyond a doubt. The elliptical patches (called the glands of Peyer) were found materially altered but some more so than others, those near the ilio-cæcal valve more ulcerated. Two or three perforations were also found

"Henry Hilser, Native of Germany, Age 38 yrs, entered the Alms House Aug. 16th, 1855.

In my absence as I was student in charge on the male side, Dr. Holms from the female side was called to see the patient about 7 O'clock P.M. He stated that he found the patient suffering from a most intolerable dyspnoea, perfectly insensible. He had a quick, but feeble pulse, extremities cool compared to the other parts, heat appeared to be unequally diffused. The Doctor bled him very copiously from the arm and finding the pulse coming slower and stroger, he bleed him the more, and had an Emplastrum Cantharidis put first to the right of his heart to act as a revulsive. During this time nothing could be got from him con-

-ing his history, owing to his extreme insensibility.

I returned at about 8 O'clock, and went up immediately to see the patient; found that he still had a difficulty of respiration, pulse still very quick yet feebler. I ordered him neutral mixture ℥vjjj; Tartar Emetic grj – ʒjj to be taken every half hour, also cold applications to be constantly kept to his head. The blister was still kept on.

Aug. 17th 8 O'clock A.M. – Found the patient much better, breathes quite natural and now for the first time appears sensible – No fever. He says that he has had "the fever and ague" for seven or eight days occuring every evening at about 5 O'clock. He came from a miasmatic district. Now this was a case of purely

Malignant Intermittent Fever.
"There was evidently congestion in this case, dependent perhaps on the severe shock (the ague), the blood receding from the surface to the internal organs, the Heart participating in this great prostration is unable to transmit this increased quantity. Hence the fluid accumulates in the right side of the heart, in the lungs and brain - hence the extreme insensibility from the effect of the carbonaceous blood on the brain, and the dyspnoea from the want of a due aëration of the blood.
"From the symptoms in this case the speedy depletion (seems to me), was the only thing that could have done the patient any material good. Now the question arose whether if he

should have another such fur-
-oxygen could he survive it?
Thinking it very doubtful he
was ordered Sulph. of Quinia
grs. XXX, Aqua ℥iij and Aromat.
Sulph. Acid q.s. ad. ℥i & Tablespoon-
-ful to be taken every two hours.
Aug 17th P.M. Patient has had a
slight chill, and has not much
fever, neither nothing like as
violent as they were evening
before. The Quinia was ordered
to be taken at longer inter-
-vals. In addition he was ordered
Blue Mass grs X to be taken at bed-
time.
Aug. 18th. The Blue Mass acted well,
and the patient seems much
better. Chill and fever very slight.
Treatment the same.
Aug. 19th. The patient felt a
little cool at the time for him
to have his chill and had a very

slight fever. The Quinia still continued but in smaller doses.
Aug. 20th The patient much better and has missed his chill. The Quinia continued with a view to prevent its return.
Aug. 21st Patient still better. Treatment continued.
Aug 22d Patient much improved and has a very good appetite. Quinia continued.
Aug. 23d Patient very much improved, expressing a desire to be discharged. All treatment is now suspended. And the patient ordered a nourishing, yet unirritating diet.
Aug 24th Well and discharged.
In this case the curative effects of the sulphate of Quinia were strikingly displayed. There the man on the brink of his grave, by its use, restored to perfect health.

Thomas Roach, laborer, age 20 yrs. was admitted in the Alms House Aug. 15th 1855 with an attack of of Acute Dysentery of a typhoid character. He says that he has been passing slimy evacuations mixed with blood for the last four or five days, numbering some fifteen or twenty in 24 hours. He has considerable vascular excitement, Abdomen tender on pressure especially along the tract of the Colon. Pulse quick but not very forcible.
He was ordered Prot. Chloride of Mercury grs. x, Pulv. Ipecac et Opii a a gr. j. to be taken at once.
Here the Calomel was given as a purgative to clean out the bowels from the offending matter which if unremoved would act as continual source of irritation, The Opium to allay

pain and to relieve the spasmodic action of the bowels, and the Ipecac as a diaphoretic.
The Calomel was likewise indicated to increase the secretory action of the Liver, for this organ being in a torpid condition, the blood, coming from the intestines not being properly disposed with, would prove a constant source of irritation, and in fact would increase the existing inflammation.
Cups were likewise ordered to be put along the tract of the descending Colon, as there was great pain and no little vascular excitement.
Aug. 16th – The medicine acted remarkably well having brought away two or three fecal discharges. He was ordered Paregoric and

Tinct. Catechu in an equal quantity - a teaspoonful to be given after each evacuation.

Aug. 17th - The disease continues unremitted - The patient was ordered a mixture consisting of Aromat. Syrup. Rhei, Oleum Ricini, Mucil. Acaciae, Tinc. Opii & Aqua Camphora, to be followed after each fecal evacuation by paregoric and Tinc. Catechu.

Aug. 18th. Patient very little improved. The same plan of treatment continued.

Aug. 19th - Patient not materially improved. Treatment continued.

Aug. 20th The patient apparently not at all improved. Has a little fever - pulse somewhat small quick and thread-like. Was ordered Blue Pill gr. ij, Acetate of Lead gr. ij, Tannin gr. ij, and

Pulv. Opii grs ij to be taken every three hours in pill-form. The other treatment was suspended.
Aug. 21st. Patient no better. The same treatment continued.
Aug. 22. The patient evidently worse. The discharges are more frequent copious and offensive, and now begin to assume a purulent appearance. The patient is more prostrated - pulse quick and more feeble. The above plan of treatment was discontinued, and the patient was ordered an enema of Argenti Nitras grs ij, Tinct. Opii ℥ss, and starch water ℥j after each evacuation. Also nourishing diet.
Aug. 23rd. Patient much better, a most remarkable change. Stools from having been all blood and slime, became quite natural, and from having

been fifteen or twenty in twenty four hours, the number was reduced to four or five, and that in one days treatment. No other plan was adopted.
August 24th Patient better, only some three or four fecal discharges and without tenesmus. Patient supplied with a nourishing but unirritating diet.
August 26th – All medical treatment suspended. The patient very much improved. And wishes to be discharged.
August 27th Patient well & discharged.
This was a beautiful case and it shows us how varied are the conditions presented in this disease. And how it is that a reputed "drug" may act remarkably well at one time in any particular disease, while at another, will not with the same apparent conditions.

Annie Clark, Age 28 yrs. Native of Germany, entered the Lying House about the 1st of June 1885.
I was called to see this woman June 22d, 1885, at about mid-night. I found her in the 1st stage of Labor. Her pains were not very violent and there was a considerable interval between them. I made an examination per Vaginam and found the soft parts not well dilated, the Os Uteri hard and tense and very little dilated. As the Labor was not far advanced (the Os Uteri undilated), I took my leave at the same time telling the Nurse that should she be taken worse, to call me immediately; but as she had no more pains during the night of any consequence I was not called.
June, 23d Called to see this woman

at 12. O'clock to day. I found her in great pain. "The bag of waters" had come away. I made an examination per Vaginam and found the parts well dilated. The child's head had not as yet escaped from the Os Uteri and on introducing my finger into the Os felt the left parietal protuberance and carrying it backwards and to the left along the sagittal suture felt the posterior fontanel which showed that it was a vertex presentation of the 1st position. The patient suffered verymuch. The interval between the pains grew less and less, hence they were of a much longer duration now than they were at first. At half past 12 O'clock the child (boy) was born. Having tied and cut the cord I gave

the child to the Nurse. At a quarter to one O'clock I took away the Placenta which came away very easily a part being in the Vagina. The patient stood or bore the Labor very well. I gave her a little brandy and water, and both Mother and child being in a good condition I took my leave. The Mother and child, both in good health, were discharged from the Lying House July 28th, 1855.

This was a very interesting case and everything, in all probability, took place in the natural order, first flexion, second rotation 3 Extension and fourth restitution. And as a proof, that the case was that of the 1st position, is, that, after the head had emerged, the Neck looked to the Left side.

John Inglehart, age 18 yrs. native of Germany, was admitted into the Alms House August 16th, 1865.

I saw the patient on the same evening he entered the Institution. He had been sick eight days before he came, with Intermittent Fever of the quotidian type. At that time he complained of intense head-ache, has a very high fever, quick and vibrating pulse. He said that he had been working out on the Annapolis road, a place from what I have heard is noted for Intermittent Fever. He said that he had a most violent ague on the same evening he entered the Institution, and that he has not had an evacuation from his bowels for the last three days.

I ordered him Calomel grs.iii, Ext. of Colycinth grs.viii, to be taken at bed-time as a purgative - also Neutral Mixture as a diaphoretic.

August 17th - 4 P.M. The medicine has operated two or three times - he has no fever and only complains of weakness. I ordered the Sulphate of Berberin grs.XXIV, Ext. of Gentian (as a vehicle) grs.XII, made into twelve pills one of which to be taken every two hours. (This remedy is a new one comparatively speaking and one which has been much extolled of late for its Antiperiodic virtues. It has satisfied me that it will often succeed in mild cases. Although its low price at which it can be bought is somewhat a consideration in favor of its use;

but in my opinion it can never supersede the use of the sulphate of Quinia).

August 18th, 1888 – The patient no better. Paroxysm equally as severe as before. The course of treatment continued, except that six Cups were ordered to be put to the pit of his stomach as there is as much tenderness and pain on pressure in that region. The complains of intense thirst – Pulse quick and rebounding. There is considerable delirium at times and is very restless.

August 19th. Patient no better. Paroxysm very severe. In addition to the above treatment Tartar Emetic was added to the Quinine Mixture as a sedative. The patient often delirious and very restless.

August 20th. The patient evidently worse - for the Ague is anticipated and the fever is much severer and of longer duration.
Pulse very high, burning hot skin and intense head-ache, pains in the back and limbs generally and much delirium.
The pills were suspended.
And the Acute solution of the sulphate of Quinia substituted. (This solution consists of xxgrs. of Quinia, and grj of the sulphate of Iron to the ℥j of water).
A Table-spoonful of which to be taken every two hours.
Rest of the treatment the same.
Aug. 21st - Paroxysm milder. Treat. continued
Aug. 22d - Patient better. Same treatment.
Aug. 23d - Patient has missed his chill. Quinia given in smaller doses.
Aug. 24th Treat. the same. Patient up.
Aug. 25th - Patient well & discharged.

Kretschfield Joseph, Age 72 yrs. Native of Germany. Farmer, was admitted into the Hospital Aug 15th 1855, with Dysentery. He had evacuations of blood & slime every twenty or thirty minutes. No fecal stools. Much tenesmus. Abdomen tympanitic & tender on pressure. He had been sick eleven days when admitted. He was given Calomel grs. X, Pulv. Opii, Pulv. Theobr. ā ā grs. j on the morning of the 16th. He was also ordered an enema of starch water ℥j with Argent. Nitrat. grs. ij, and Tinct. Opii ℥ss after each operation, commencing after the Calomel had operated. Here the Calomel was given to remove the morbid secretions from the bowels as well as to relieve the torpidity of the liver, the Opium to allay the spasmodic action of the bowels and therefore assisting the action of the Calomel,

the Ipecac as a diaphoretic. Such a combination often proves serviceable in the beginning of the disease. Aug. 17th. Has had but three evacuations in twenty four hours. Took an injection as above directed after each operation. Tenesmus and tympanites diminished and is much better. No treatment but the injections which were continued. Aug. 18th. Has called to stool some two or three times in the last twenty four hours. No blood or slime in the evacuations. Same treatment. August 19th. Had but one evacuation from yesterday morning up to last night. The injections gave out before night, and from some cause or other were not renewed. This stools increased to five during the night, and the blood and slime returned. Injections were renewed this morning. No other treatment.

Aug. 20th Has had three stools in the twenty four hours past. No blood or slime in them. No tenesmus and little disposition to go to stool. Says that he feels a great deal better. Was ordered Ol. Ricini ℥ij with Tinct Opii. gtts. X, as a gentle laxative, to carry off the acrid secretions of the intestinal canal. The injections continued. No other treat.

Aug. 21st The Oil acted well - five good fecal stools in the last twenty four hours. No blood or slime. The injections were continued.

Aug. 22d - Five fecal stool in the last twenty four hours. Patient sleeps well & has no fever. No abdominal tenderness, and is tolerably comfortable. Injections continued.

Aug. 23d - Two stools yesterday afternoon and two during the night and one this morning, all fecal. No other treatment - injections continued.

Aug. 24th – Stools increased in frequency since yesterday, and contained some blood and slime. She was ordered in addition the injections Nitrat. Argenti grij ad ℥vi of Gentian grij, in pill for nux vomica.

Aug 29th – Since the last note there have been many changes. Blood and slime entirely absent for a day or two, and not more than two or three evacuations in twenty four hours. Pills of Nitrate of Silver stopped today. Compound Chalk Mixture ordered after each operation. Injections of Nitrate of Silver still continued after each operation. The patient is now much reduced and debilitated. Was ordered Port-Wine ℥iii, and a pill to be containing Quinin grij – Tablets ferruginous Iodo grij, Pulv. Opii, gr ss. The patient now seems to require a tonic treatment.

Sept. 2. Has had no return of dysenteric discharges since last note. Had from one to three fecal evacuations in twenty-four hours. The patient has been steadily going on from day to day to get weaker. Was ordered soup, beef-tea, whisky, &c, and fed on the most sustaining kind of treatment, but he continued to grow worse & worse till this morning when he expired. Autopsy eight hours after death, revealed more or less softening of the whole of the gastro-intestinal mucous membrane. In attempting to put a ligature around the rectum prior to its removal all the coats gave away and the intestine broke off so great was the softening. On laying open the large intestine, the rectum presented a blackish appearance and traces of old ulcers apparently healed with a more healthy

black spot at these points, as if the nitrate of silver had discolored the bottom of an ulcer, and the mucous membrane had then closed over it. The extent of the general blackish discoloration was through the greater part of the rectum, and stopped at a distinct line about the sigmoid flexure, as if the injections had extended to this point and no further. Below this line moulders were to be found. On this line ulcers were present, with edges red and looking healthy as if in progress of union. Above this line for some distance the ulcers were very numerous and extensive. No perforation was discovered, nor any other pathological lesions, than those mentioned in the gastro-intestinal mucous membrane. Thoracic organs sound.

David Butler, Laborer, Native of Germany, Age 17 yrs, was admitted in the Alms House, August 2, 1888 with Bilious Remittent Fever. He has been working in the Mining Banks near the City. He informs me that he was first taken with a chill, but has not had one since that time. He says that he has been sick some three or four days. Complains of "pain in the head", no pain anywhere else except a dull aching pain in the back. His face has a dull yellowish aspect, his tongue coated with a yellowish fur. He has considerable fever at this time. Pulse quick and full. Bowels have not been moved for two days. Judging from the place where he had been working and from his symptoms,

I diagnosed his disease to be that of a mild case of Remittent Fever. He was given Prot. Chloride of Mercury grs. iii & Ext. of Colocynth grs. iii, to be taken at once as a purgative. Such a combination proves very serviceable in the commencement of this disease to clear out the bowels and to operate on the liver, for in Miasmatic diseases this organ is usually inactive, though it is not at all improbable that much of the Calomel was absorbed in this case as it would not remain in the system long enough for absorption to take place to a great extent. This skin being hot and dry & considerable fever he was also ordered Neutral Mixture & Tartar Emetic

Aug 3d – The patient looks better, the powder has operated three times. She has now some fever, which is marked by exacerbations being much higher in the morning & evening. She has not so high a fever, as she had yesterday, in fact his case is mild and is attended, comparatively with little fever. She was ordered Quinia grs XXX, sulphate of Iron grs iii, and sulphuric acid gtt. X, tablespoonful to be taken every three hours.

Aug 4th – Patient much improved. Bowels moved once. Ordered a dose of Ol Ricini. Quinia continued.

Aug 5th – Patient much better. Has no fever. The oil acted well. Quinine continued but in smaller doses.

August 6th – Patient up & has no fever. But a very voracious appetite. Treatment discontinued.

August 7th – Patient well and discharged.

A

Inaugural Dissertation

on

Acute Peritonitis

Submitted to the Examination

of the

Dean, Regents and Faculty

of Physic

of the University of Maryland

for the Degree

Doctor of Medicine

By

Stratton S. Downing

of

Virginia.

Acute Peritonitis.

[illegible] the viscera of the abdomen and pelvis, and is also reflected upon the parietes of the [illegible]

[illegible] shut sac: a single exception exists in the human subject to this characteristic in the female, [illegible] extremities of the fallopian tubes [illegible] communicate with their [illegible]

[illegible] necessary [illegible] in treating of [illegible] in diseases involving the peritoneum, it is [illegible] essential [illegible] a clear and [illegible] of the lines and [illegible]

In describing the [illegible] the diaphragm, where the two portions of the

[illegible] meet,— one coming from the anterior, [illegible] the posterior parietes of the abdominal cavity. These two [illegible] descend to the line which the [illegible] again at the inferior surface of that organ; half in juxtaposition to the stomach, which they also [illegible]: [illegible] again [illegible] Sometimes they descend a few [illegible] for the mesentery in front of the intestine, and returning [illegible] to [illegible] and [illegible] at [illegible]. Here the two portions separate: the posterior [illegible] in [illegible] the [illegible] and is continuous with the posterior portion with which we began. The anterior portion descends among the small intestines, and [illegible] having invested them, returns to the spinal column, whence it descends into the [illegible] [illegible] [illegible] over the posterior surface of

[illegible] latter organ, when it lines the anterior [illegible] of the abdomen and becomes continuous with the [illegible] [illegible]. [illegible] part of the vagina are covered by [illegible] membrane.

The peritoneum, like other serous membranes [illegible] cellular, which is very vascular, and an internal layer or epithelium, which has a smooth and polished appearance. The peritoneum [illegible] [illegible] other, and by its connection with the abdominal [illegible] [illegible] [illegible] [illegible] parts moist, and thus prevents irritation from the peristaltic action, or other movements, to which the abdominal viscera are subjected.

Symptoms.

The symptoms of acute peritonitis are generally [illegible]

[illegible] the physician [illegible]

[illegible] the disease. [illegible]

commences [illegible] the disease begins with pain; and

secondarily the [illegible]

[illegible] are essential [illegible]

[illegible] in its extent [illegible]

[illegible] throughout the [illegible]

Shivering [illegible] pain are also [illegible]

in the question. In some instances of the most

[illegible] character [illegible]

only [illegible] tenderness [illegible]

[illegible] In others it [illegible]

that the patient is [illegible]

[illegible] The pain usually commences

in the lower part of the abdomen, in the hypo-
gastric or one of the iliac regions, whence it grad
ually extends over the whole cavity. When
the pain is greater in some part of the abdomen
than in others, there the inflammation may
be [illegible]
which [illegible]
[illegible] that lines the [illegible] parietes. In such
cases the pain will be much greater than in
inflammation [illegible]
the abdomen, or by the [illegible]
intestines. [illegible]
membrane. [illegible]
[illegible] will be greater [illegible]
[illegible]
[illegible]
The [illegible]
[illegible]
[illegible] the pain would be greatly increased.
[illegible]
[illegible] that abdominal respiration may

[illegible] avoided. In the latter stage [illegible]

[illegible]

[illegible]

The patient may lie on his back with his thighs [illegible] and his knees raised toward the abdomen in order to take off the tension of the abdominal muscles [illegible] the pelvis [illegible] the lower [illegible] portion also of the spine [illegible] appears to be to relieve the pressure of the blood upon the parietal peritoneum. Dr. Mercier [illegible] the patient [illegible] to be in [illegible] from the observations of most medical writers. The Author recalled that, in one of the worst cases of peritoneal inflammation he ever witnessed, the [illegible] of the patient [illegible] his side, with the knees so much drawn [illegible] he should be [illegible] with the abdomen. [illegible]

[illegible]

Soon after the commence-
[illegible] disease, transfaction and tension
of the [illegible] occurs in the [illegible] is
produced by tympanitis, but later the distension
is due to effusion. In addition to the symptoms
already described, there is usually [illegible]
and a hot and dry skin. [illegible]
[illegible] the skin is often but little warmer
than in health. The pulse varies much in
different cases; sometimes it is full [illegible],
and quick, at other times full and [illegible]
[illegible], but [illegible] it is [illegible]
[illegible] small and [illegible]. The tongue is moist
and covered with a [illegible] fur
[illegible] the [illegible] of the [illegible]
natural. [illegible]

[illegible]

[illegible] scanty or suppressed urine — depending, finally, on direct propagation of the irritation to the kidneys. Taking these conditions together, there will be but little difficulty in distinguishing the disease. Dr Watson says "Can we find a person lying only on his back, with his knees drawn up, and complaining of tenderness of the abdomen on pressure, and peritonitis without [illegible] is inflamed, whatever else may be the matter?"

The [illegible] of acute peritoneal [illegible] is generally very [illegible] death sometimes occurs [illegible] Dr Andral adds that its progress is occasionally [illegible] "but [illegible] between the [illegible]

[illegible] days — it seldom continues beyond this period without terminating in resolution or death or passing on into the subacute or chronic state, when the [illegible] fastened and by [illegible].

There are various modifications of peritonitis. Thus it is some-times local [illegible] the mesentery. The mesentery is most always the case when it results from mechanical violence, or the inflammation of an adjacent organ. These cases all the symptoms are local and constitutional are of course less violent than in general peritonitis. The symptoms are also much modified by the [illegible] the inflamed membrane and by the organ which it may invest. Thus when the inflammation attacks the [illegible] of the stomach the symptoms [illegible] stomach [illegible] there [illegible]

affects any other part; the pain is more severe, the vomiting more frequent and intractable; the fæces collapsed; the pulse small and the tongue like dark velvet. When that part of the membrane covering the liver is the seat of inflammation, the pain and tenderness are generally more well defined, with the extension of irritation into the substances of the organs. [illegible] of peritonitis is that caused by intestinal perforation and the escape of contents into the peritoneal cavity. This is characterized by the accidental and the rapid growth of the symptoms and the great accumulating prostration.

Chronic peritonitis is another variety of the affection. It occurs most in children and usually in the second or third decade to fifth or sixth [illegible] in the puerperal form it occurs within twenty-four hours after delivery.

It sometimes commences gradually and almost insensibly, at others suddenly and with great severity, and in some cases is subject to a recurrence resembling after pain. [illegible] cutting pain is of [illegible] the belly is painful and distended. The pressure [illegible] the abdominal muscles have [illegible] that elastic tension which accompanies ordinary peritonitis, being probably [illegible] tension that takes place during [illegible]. It is remarkably [illegible] and [illegible] general symptoms which are [illegible] those of ordinary peritonitis, though usually more severe. The pulse is [illegible] the respiration more hurried. The pain [illegible] more contracted the prostration greater and the march of the disease more rapid. It sometimes runs its course rapidly or it may last two weeks or longer. [illegible] in resolution, [illegible] or death [illegible] the [illegible]

[illegible] on or about the sixth day, the pulse [illegible] become more regular and the milk begin [illegible] of [illegible] regular chills, [illegible] extremities become cold, and the patient vomits a blackish matter. This form of peritonitis generally [illegible] puerperal influence.

Anatomical Characters

The peritoneum after death is generally found [illegible] red, especially when the disease has [illegible] rapidly: [illegible] out during life. [illegible] that it may sometimes be owing to a [illegible] of hyperæmia in the capillaries of the membrane. In cases of longer duration, there is [illegible] exudation [illegible]

[illegible] there will be a great tendency, [illegible] adhesions to be formed between the peritoneum and the intestines, which is very liable [illegible]. The attachments may be partial or complete. By the former, is meant that variety in which the adhesion occurs in different parts of the peritoneum [illegible] entirely [illegible] attached. By complete adhesion, we mean those cases in which the peritoneum is almost [illegible] of the viscera, and in some cases this effusion within the sac may be so great as to cause [illegible].

A [illegible] of peritonitis is an effusion of serum [illegible] constitutes a disease called Ascites or Dropsy of the belly. When the effusion has taken place [illegible] of the abdomen, and by

[illegible] fingers are pressed
against it. But [illegible]
[illegible] occasionally [illegible]
[illegible]sion. This may be performed by placing
the left hand on the right side of the ab-
domen, and [illegible] the
the fingers of the right hand [illegible]
[illegible] sense of fluctuation or rumbling will
be [illegible]. In some cases Auscultation
may detect fluid in the [illegible]
[illegible] place, & [illegible]
in [illegible] [illegible] less [illegible]
the first effect is to arrest the secretion,
so that the membranes are dry, and crepitant
[illegible] Auscultation has detected a friction
sound like that observed in pleurisy, and
like it [illegible] the rubbing together
during respiration of the [illegible]
[illegible] of the [illegible]
[illegible] [illegible] [illegible] the

[illegible]

[illegible] or left patient as the perforation has been [illegible]

[illegible]

[illegible] the stomach [illegible] [illegible] be [illegible] [illegible] other inflammations.

CAUSES.

The most frequent causes [illegible] are fatigue and cold; it may also arise from the same causes which produce inflammation of other serous membranes; [illegible] sometimes a consequence of disease of the stomach and intestines, resulting in perforation of their coats; thus there may be ulcers in the stomach, one or more of which may open into the abdominal cavity, and be [illegible] in contact with the peritoneum.

[illegible] in the bladder, or abscess of the [illegible], and in fact any such other lesions [illegible] it. At [illegible] it is [illegible] dependent upon surgical operations [illegible] in the abdomen [illegible] [illegible]. It is also said to occur from the [illegible] [illegible] [illegible] [illegible] [illegible].

Diagnosis

[illegible] [illegible] [illegible] [illegible] [illegible] difficulty in its diagnosis. From Colic it is [illegible] [illegible] [illegible] [illegible] tenderness upon pressure and by the pain being more persistent. From Mucous Gastritis and Enteritis by the pain being more [illegible] — the greater tenderness upon pressure — by the elastic tension of the abdomen — the [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible], and by the anxious countenance; from inflammation of the mucous coat of the bowels, by the pain in the back & legs, the offensive [illegible] obstinate constipation, and by the fæcal vomiting at its close. It is distinguished from obstruction of the abdominal muscles by the smiling, peculiar expression of face, the [illegible] symptoms, and by the pain in the [illegible] being [illegible] from below upwards. [illegible] before, with [illegible] in recent [illegible]. According to Dr. Wright, the affection may be distinguished by [illegible] [illegible] he has met with about [illegible] cases in which certain [illegible] of the [illegible] abdomens, with [illegible] in recent [illegible], proceeded entirely from a [illegible] [illegible] of bowels and [illegible]."

Prognosis.

[illegible] has a good constitution, and it is not complicated with any other affection, and it is seen at an early period, it may generally [illegible]. The most fatal form of the disease, is [illegible] dependent upon perforation. The next in degree of danger is the puerperal peritonitis. It is least dangerous when [illegible] a general [illegible] external injuries.

Treatment.

[illegible] in the treatment of [illegible] there is one remedy which is the great [illegible] in the treatment of [illegible] Blood letting. [illegible]

[illegible] forms of this disease, we remark that the fever [illegible] as a guide. [illegible] very frequent, but this is no evidence that [illegible] bleeding [illegible] allowed to [illegible] a [illegible] heat upon surface, deter us from [illegible] use of the [illegible] remedies [illegible]. In order to obtain the [illegible] advantages of bleeding in this disease it should be employed within the first [illegible] hours, and in many instances, a [illegible] hours [illegible] otherwise or even detrimental. In the inflammatory of the disease, a large orifice should be made, and the blood permitted to flow until a manifest impression is made upon the system. [illegible] see the patient a few hours after bleeding [illegible], and if the pain is still present and [illegible] reaction has taken place, it should

[illegible]

The rationale of [illegible]

[illegible] circulating fluids, we enable the small [illegible] of the peritoneum to contract, and thus [illegible] which is a great source of pain. It should always be [illegible] filling down or the formation of pus, [illegible] tendency as long as the capillaries are [illegible] with blood. By [illegible] from the [illegible] [illegible] of the [illegible] [illegible] the capillaries [illegible].

After venesection has been employed, topical bloodletting will be found to contribute considerably to the resolution of the inflammation. Cups [illegible] are inadmissible in the disease, [illegible] be derived from the application of leeches. From [illegible] [illegible] to facilitate the discharge of blood from the bites, and also by its relaxing effects [illegible] the cutaneous exhalation from the external abdominal surface. [illegible] and even ice to the abdomen.

[illegible]

[illegible] some [illegible] of [illegible]

[illegible] cathartics [illegible]

[illegible] cathartics in [illegible]

[illegible] to the stage of disease at which they should be given and the kind or class of case. I do not think it [illegible] [illegible] place, to give a summary of the opinions of some of the authors [illegible] subject.

Dr. Hersch [illegible] [illegible] administration of saline cathartics. This [illegible] [illegible]

Dr. Shoble [illegible] "As [illegible] of [illegible] pain and tenderness are somewhat moderate, a stimulant purgative should be administered in a dose sufficiently large [illegible] [illegible]

[illegible]

[illegible] strongly determine the circulation from the [illegible] membrane." This author, is the only one I have [illegible] introduced [illegible] the expense of [illegible] practice, that they are peculiarly efficacious [illegible] could not feel disposed to adopt his [illegible]

Dr Mackintosh says "Lavatine [illegible]

[illegible] "[illegible] that expressed by Dr Eberle.

[illegible] excitement has been somewhat subdued,

Dr Watson's Opinion "I believe that in [illegible] Alone [illegible]."

Dr Wood says "Immediately after bleeding a drachm give from five to fifteen grains of Calomel, followed in six or eight hours by Castor oil, or Senna & Salts, so as to produce [illegible] at movement in the Mucous Membrane [illegible]

[illegible] space, and congestion of the portal [illegible] in some measure relieved by secretion [illegible] of the inflamed serous surface of the [illegible]."

[illegible] We have only one recommending the use [illegible] Smith and Wood, in favour of evacuating the [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] in regard to the use of Cathartics in Acute peritoneal [illegible], [illegible]

[illegible] to confuse a tyro in Medical [illegible]. Sometimes the [illegible] of Dr [illegible] and Watson seems to me, to be the correct one, [illegible]

[illegible] argument; I think, that the accumulated [illegible]

[illegible] by some [illegible]

[illegible]

[illegible] [illegible]ma, turn either way I will. Though unable [illegible] arguments adduced by Dr [illegible], [illegible] more with the views entertained

The remedy next in importance to the [illegible] remedy, therefore, are the [illegible] Calomel should be given in every case of constipation, and generally in combination with [illegible] of Calomel, with one fourth to one half of a grain of [illegible] two hours.

[illegible] Prescote, provided there is no reason to suspect [illegible].

As the affections [illegible]

surface of the abdomen.

[illegible] most always recovers from critical [illegible]

one, two, or three grains of Calomel [illegible] grains or more of Opium every [illegible]

[illegible] mercurial ointment should be [illegible]

[illegible] time expired, for fear of diverse accidents [illegible].

In the advanced stages,

remedies, as Wine, Mineral, Carbonate

of the Turpentine and Sensamum

[illegible]

[illegible]

[illegible] discharge should attend the [illegible] the leucorrhea be suppressed, [illegible]

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An

Inaugural Dissertation

on

Lobar Pneumonia

Submitted for Examination

To The

Provost, Regent and Faculty of Physic

of The

University of Maryland

For The

Degree of Doctor of Medicine

By

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of

Maryland

Pneumonia signifies an inflammation in the Parenchyma of the lungs.
Of this disease there are described by authors many varieties; all of which are based, either upon the extent of the inflammation according as it involves one or both lungs, or upon the manner in which it involves them — whether generally or partially. That is, whether it invades continuously all the component tissues of the lung or is confined to certain of those constituents leaving the rest in a healthy condition. Thus the inflammation may involve the tubules individually, or the air cells alone, or the areolar tissue existing between and uniting the other constituents, or it may invade them all continuously and at the same time.
In this dissertation I shall confine myself to the last variety exclusively.
This variety of Pneumonia, — Lobar Pneumonia, while it is the most common and therefore renders a familiar acquaintance

with its characters and signs the more necessary, at the same time it facilitates the diagnosis and leads us to expect a more favourable termination by the frank and open course it in most instances pursues. This is probably sufficiently explained by the fact of this variety being found mostly among adults engaged in the active pursuits of life; though it also frequently occurs under other circumstances.

Pneumonia, in relation to its pathological anatomy, is divided into three stages, Congestion, Red Hepatization and grey Hepatization or Purulent infiltration, to which some add another stage - that of Abscess.

During the first stage of pneumonia the lungs become or rather the blood vessels of the lung become engorged with blood, the circulation is impeded in its course through the organ, and an imperfect

performance of the function of respiration is the consequence.
In this as in any other parts of the organism affected by this morbid process we see an effort of nature to counteract the morbid condition impeding the part in performing their functions.
The organic effects, in spite of the act of respiration, endeavor to return to their normal state by throwing out their more watery elements.
They do not however always produce an amelioration of the morbid condition.
In certain positions where the fluid thus effused cannot escape, as when poured out on a surface communicating externally, the condition of the part is only aggravated by it. Sometimes when the liquid is contained so as to accumulate in cavities the inconvenience which it causes implicates other organs and parts - as is the case in Pleurisy. In other cases the inconvenience instead of embarrassing

the organs in its vicinity aggravate the part primarily affected by disabling other constituents from acting their part in the performance of the function of the organ. This is the case with the lungs. The products of inflammation narrow the calibre of air tubes and compresses the vesicles so that air is admitted in smaller amounts and even comes at last to be excluded altogether from the diseased portion. In consequence of this an increased burden is imposed upon the healthy portions of the organ. This being unable to admit air sufficient to oxygenize all the blood, we have a want of proportion between the amount of blood sent through the lungs and the quantity of air admitted. Hence the dyspnoea which is so common a symptom in affections of the organs of respiration.

But the occlusion of the air vesicles is not the only effect of this affection

This in connection with the impaired nutrition weakens the vital cohesion of the tissues and gives rise to softening.

The lung becomes also more dense and heavy and less elastic from the compression and distension excited by this effusion. It also crepitates less than in health; and on being pressed between the fingers emits a bloody, frothy, serous fluid. The air vesicles however are not entirely closed but permit a certain amount of air to enter them. This may be ascertained by applying the ear to the Chest when the air may be heard entering the lungs though not as freely nor in so large a quantity as in health, neither is it accompanied by the healthy respiratory murmur; but in its stead is substituted a faint characteristic of Pneumonia (fine crepitation). This is caused by the bursting of minute bubbles produced by the air entering the smallest bronchial tubes

and the air vesicles through the fluid which distends them or according to some agglutinates their opposite surfaces.

The lungs are also less resonant than in health and an experienced practitioner may detect dullness on percussion.

These alone are the phenomena usually characteristic of Pneumonia in its first stage. They may be all we will have to observe in some cases of Pneumonia especially if seen long enough after the beginning combated by active and appropriate treatment. When the inflammation does not advance but declines and suffers the lung to be restored to its normal condition the inflammation is said to terminate by resolution.

Should however this most fortunate result not take place the condition of the organ becomes seriously aggravated and an entirely new set of physical signs make their appearance or rather become audible.

The disease advances to the second stage. If now the ear be applied to the walls of the thorax neither the respiratory murmur nor fine crepitation greets it. Air no longer enters the vesicles of the diseased portions of lung. They have become entirely closed, blocked up. The lung is solidified. Elasticity is entirely abolished, it has become heavier and more dense than in the first stage. If also crepitation up ~~under~~ does not crepitate at all; the softening has increased, and a darker less frothy fluid exudes from its cut surfaces. Portions of it when placed in water sink. Its cut surfaces have a granular appearance resembling that of the healthy liver; hence the term applied to it in this stage, Hepatization. This result is probably due to the cells having become filled with fibrine.

It is to this increased state of consolidation of the organ that the important change

in the physical signs, to which I have alluded, must be attributed.

As the healthy murmur gradually grew fainter and fainter until it came at last to be superseded by fine crepitation so also this latter, having existed a short time ~~was~~ must be, should the disease advance, succeeded by other not less significant signs. Up to this stage were heard only the sounds indicative of the entrance of air into the vesicles, and of the preservation to a certain extent of the spongy nature of the lungs. Now shall commence the characteristic of a destruction of this spongy character, and the evidence of consolidation alone are heard. The lung however is not entirely consolidated. The bronchial tubes, the larger ones, still remain pervious and pervious to air. In health the sound caused by the air entering these tubes was lost in the spongy tissue of the lung; but now that this tissue has become a little

medium for the transmission of sound in consequence of its greater density, the sounds produced in the interior of the organ are transmitted to the surface giving in ordinary breathing bronchial respiration and when the patient speaks ~~bronchial~~ bronchophony.

These sounds therefore are diagnostic of a consolidated state of the lung. In health these sounds are heard over certain portions of the chest when there is but a thin portion of spongy tissue intervening between the bronchial tubes and walls of the chest. They are therefore indicative of disease only when heard over unusual regions. Consolidation of the inflamed portion of lung is indicated not so clearly by percussion than by auscultation. Instead of the clear sonorous sound of health or the slight loss of clearness of the stage of engorgement we have complete loss of clearness, perfect dulness. If the hand be applied to the chest it will

perceive that its walls vibrate far more than in health. A greater degree of resistance is offered to the finger, used as a pleximeter, than in health. All these signs probably, may reasonably, originate from and are dependent upon the same cause, consolidation of the lung. Such is the condition of the inflamed lung and such are the signs indicating it in the stage of Hepatization.
Almost all cases of pneumonia go through at least these two stages before they manifest a disposition to give way to the healthy condition again. But the transition from one stage to another whether in the advance of the disease or decline of it is not abrupt. It takes place gradually and is capable in most instances of being clearly recognized. Thus when the disease is advancing, when the period of engorgement is merging into that of hepatization the signs indicative of each stage can be heard

commingling during every act of inspiration. They are of course in a slight and imperfect degree of development.
Also in the onset of the inflammation the natural murmur is heard at the same that the fine crepitation becomes audible. Under this commingling of signs must probably take place in every case although from the brief period during which they may be thus heard they may escape the attention of the observer.
We have seen then that the two first stages are characterized respectively by characteristic signs detected by auscultation or percussion. It is not so with the third stage or that of purulent infiltration. The physical signs give no information whatever of its approach or in many instances of its development. There is however sometimes present a sign which is considered as significant of the existence of purulent infiltration.

Now the period in which the smaller tubes and air vesicles have been blocked up softens and degenerates into pus and when this is not in sufficient quantity entirely to close them air is again admitted into lung. It is the passage of the air through these tubes or the liquid they contain that causes the sound alluded to. Mucous rale under these circumstances is heard and gives quite a distinct indication of the existence of this third stage. This stage however is rather to be ascertained by the duration of the attack and the character of the general symptoms than by any peculiar and characteristic physical sign

Should an abscess form its existence must be entirely unknown until a communication with the bronchial tubes is formed so that air may find an entrance into the cavity.

When this has taken place there will be a gurgling sound transmitted

to the ear. This sound will remain so long as the cavity contains pus; but when this has been expectorated a cavity will be left giving the tympanitic of pectoriloquy, cavernous respiration, and cavernous cough.

The last two stages of the disease are very rare, this is especially true in regard to the last stage in the variety of Pneumonia. The patients in almost every instance dying before such a complete disorganization can take place; especially if the inflammation be at all extensive. That it has occurred and is not necessarily fatal is proved by the fact of cicatrices having been found in the lungs of those who have died of another disease but who were known to have had pneumonia during some previous period.

Along with the physical signs are observed other phenomena not indeed so distinctive of any particular disease

or state of the organ but yet very important in as much as they among the first things that arrest our attention and direct our investigations to the organs of respiration

Of dyspnoea I have spoken already both in regard to its frequency and the condition in which it originates.

Pain in some form or other is also a very common symptom. It is present in some degree generally throughout the disease. Usually acute in the onset of the inflammation, giving the patient a good deal of uneasiness, it generally becomes dull if not before at least at some period of the second stage. It is generally attributed especially when acute to an implication of the Pleura in the pulmonary affection. This complication exists probably in most every case of pneumonia.

Cough is another important symptom. It derives most of its interest from the

peculiar and characteristic sputa which attends it. This at first consisting simply of mucus becomes soon to be intimately mixed with blood and so is presenting a red, prettty appearance. It is very viscid and becomes more and more so as the disease advances, so as at length to adhere to the bottom of the containing vessel even though turned upside down.

As we might expect from the derangement of so important organ as the lungs the system sympathizes freely with the local disorder. This condition of the general system is generally dangerous unless there be some vice of constitution or the system be laboring under the influence of some depressing agent. This character however does not continue long and even if not checked by denesection or other sedative agents, soon becomes exceeded by the depressing effect on the system of an imperfectly aerated blood. Even at the very

commencement of the second stage the pulse begins to lose its strength and becomes more frequent and feeble. The strength of the general system begins to fail, and should the disease continue until the third stage sets in symptoms of debility set and we may even have a condition approaching typhoid. Under favorable circumstances this very rarely occurs.

Such are the pathological lesions, together with the signs general, physical and local which usually accompany and attract our attention in a simple and uncomplicated case of Lobar Pneumonia.

The causes of Pneumonia are not peculiar. They are such as produce inflammation in other situations, especially such as produce it in the respiratory passages. Cold and moisture; sudden changes from a cold to a hot temperature; exposure to cold while heated and perspiring or fatigued.

These are the most common causes of the disease. The inhalation of irritant substances in the gases; or perhaps minute of solids, such as stone cutters, needle pointers &c are exposed, may be ranked among the occasional exciting causes. The inflammation may arise from contiguous sympathy especially with the pleura. This sometimes, but rarely, extends from the Bronchial Tubes.

With regard to the ultimate result of this disease we may in most instances hope for and justly confidently predict a favourable termination. In persons of good constitutions and subjected from the commencement to proper treatment this result may be very generally expected. In old age however and in systems debilitated from any cause whatever the inflammation presents a more formidable aspect. It is to the debilitated state of the system that the more grave prognoses of secondary Pneumonia must be attributed.

The diseases with which Pneumonia is most apt to be confounded are Bronchitis and Pleurisy. But a careful application of the ear and a thorough acquaintance with signs which may be detected by it in any affection of the respiratory organs will suffice to designate the seat and nature of the disease. In Bronchitis the fine crepitation heard only in Pneumonia is entirely wanting. There is some danger of this being confounded with subcrepitant rale; but the subcrepitant rale being accompanied by the respiratory murmur and being heard during both acts of Respiration while fine crepitation is heard in inspiration alone and is unaccompanied by respiratory murmur, ~~expiration~~ there are differences sufficient to distinguish them in any well marked case. The seat of the soreness also in Bronchitis is of importance in distinguishing the two affections. Situated at the upper part of the sternum

it occupies a seat which I may say is never held by the pain of Pneumonia. The pain also differs in character in the two affections. These signs serve sufficiently to distinguish Pneumonia from Bronchitis.

While the greater severity of the pain, the friction sound of the dry stage and the occasional of lamellar effusion, and dullness on percussion changing with the position of the patient in gravitate effusion; are signs so characteristic of Pleurisy and so different from those of Pneumonia as scarcely to admit of the two diseases being confounded.

The presence of the characteristic sputa of Pneumonia is of itself almost enough to distinguish that disease from most any other. But even this is not absolutely diagnostic. It occurs sometimes in other conditions of the chest. Apoplexy of the lungs causes it and so does disease of the heart sending blood with greater force through the lungs.

in treating inflammation of the lungs the principal indications to be observed are, to arrest the progress of the inflammation, promote resolution of the exciting products and when the system has become unfitted to support it and enable it to bear up against the depressing effects of the disease.

To meet these indications the principal agents are, blood letting, antimony, calomel with stimulants and a mild nutritious nutritious diet.

Blood letting is probably the most valuable of all agents in treating Pneumonia characterized by high inflammatory excitement of the general system, intense local inflammation and occurring in persons of good constitutions and previously enjoying good health. Under such circumstances blood may not only be taken with advantage

but is even imperiously demanded by the safety of the patient. Blood should be taken only from the amount approaching syncope seems. It may require to be repeated one three or four times before the force and activity of the heart's action can be subdued. Loss of blood is not only beneficial as an antiphlogistic agent but it also lessens the immediate suffering of the patient from dyspnoea, by diminishing the amount of blood in the general system consequently diminishing the quantity to be sent through the lungs, thereby relieving the healthy portion of the organ in some measure from the oppressive and almost intolerable burden imposed upon it by the impaired or abnormal condition of the remainder. In this manner it lessens the dyspnoea,

Certain circumstances caution us in regard to the use of this agent powerful either for good or evil. The state of the system whether strong or feeble; the circumstance of the disease being primary or secondary. The age of the patient. The existence of a typhoid or epidemic condition of the atmosphere, or some other depressing agent; rendering it probable that the system will soon become feeble, or even run into a typhoid condition. All these circumstances modify the indication for copious venesection, though they do not prohibit it.

When the state of the system is such as to contraindicate general depletion whether it has or has not been brought to that state by bleeding or other depleting agents; local bleeding will often be of the greatest benefit. This is especially applicable to the cases of very young children.

cathartics are not much relied on in treating Pneumonia. It is however advised to prevent a freeevacuation of the alimentary canal at the commencement of the disease by Calomel or other agent of this class, and to keep the bowels open during the remainder of the attack by mild aperients.

Tartar Emetic next to blood letting is probably the most valuable agent; it may should be resorted to immediately after performing venesection as soon as blood has been taken, much benefit may be derived from, which many unpleasant symptoms may be obviated by, a large dose of Calomel and Opium, to which a quarter or half a grain of Tartar Emetic may be added. Calomel for its antiphlogistic properties and Cathartic effect and also as laying a basis for the mercurial inunction. Should that be

thought necessary. Opium for its anodyne properties; that the unpleasant nervous symptoms, sometimes arising, thereby the reaction of the system from bleeding, may be prevented: Tartar Emetic for its sedative effect upon the heart. After this Tartar Emetic may be given in half grain doses, every hour or two hours, in emulsion until the violence of the disease, indeed the the disease itself is subdued. The irritation sometimes produced by it on the intestinal canal may be prevented by small doses of Opium, which has the further effect of directing action towards the skin. Its nauseating effect upon the stomach will in general give way to a tolerance of the drug after a short time. Should this not take place readily, it may be facilitated by diminishing the amount given or by lengthening the intervals of administration, that tolerance

for the drug in general is I believe
readily established in this affection.
Should however the disease not be
checked by repeated venesection and
a proper use of antimony, but continue
to advance of spite of these agents,
recourse must be had to the mercurial
impression. Calomel should be given,
in combination with opium to prevent
its producing cathartic, in small
doses and at short intervals until
a slight Ptyalism be produced.
Indeed calomel may be given from
the commencement in severe cases.
It is not incompatible with tartar
emetic and may be given along with
it from the beginning. That it must
be resorted to in all cases which do not
readily yield to the other drug. Under
the continued influence of these agents
the disease will in a large majority of
cases be subdued and the lungs be
restored to their healthy condition.

In the latter stages of the disease when the system becomes weakened and symptoms of debility make their appearance more stimulant agents are to be employed. Senega and squills should be given in the place of antimony or in combination with it. In the period of commencing convalescence these agents are especially applicable to enable the patient to throw off the or to expectorate the accumulations in the bronchial tubes and air vesicles.

Stimulants may also be required in the last stages. Carbonate of Ammonia, wine whey and even pure wine and brandy may be demanded

The diet of the patient varies with his condition. In the first instance the strict antiphlogistic regimen may or must be enforced. When the system becomes enfeebled some gentle nutritious diet should be given.

articles of food should be chosen which being nutritious is at the same time mild and easily digestible, great caution must be observed in convalescence from Pneumonia not to indulge too freely. The appetite, indulgence of the part is the most frequent cause of relapse; in which the patient is very apt to be carried off, his constitution and powers of life being unable to bear a second attack.

An
Inaugural Dissertation
on
Fractures
Submitted to the examination
of the
Provost Regents
and
Faculty of Physic
of the
University of Maryland
for the degree of
Doctor in Medicine
by

Wm E. Everson.
Maryland.

By the term Fracture, we mean a solution of continuity of a bone.

Fractures are said to be transverse, oblique or longitudinal according as their direction deviates from that of the long axis of the bone; and divided into Simple, Comminuted and Compound. A fracture is a simple one when the bone is broken in a single place, or into two parts; comminuted when it is broken in a number of places; and compound when in addition to the fracture of the bone there is laceration of the soft parts with an external wound communicating.

Hence we may have a compound and comminuted fracture occuring at the same time.

We have other varieties of fracture; as when to the common varieties of fracture, we have added, dislocation and laceration of important blood vessels and nerves; which we term Complex or Complicated. And a Partial Fracture; which happens in young children. Also what is termed an Impacted Fracture; such as occurs when the head of the femur is driven into the acetabulum. Analogous to this fracture in cases of children, is that which happens when a green stick is broken.

Predisposing causes.— There are certain conditions of bones which render them more liable to fracture. These are, post-bed age; which causes the bones to lose their elasticity & become brittle. Second— certain deseases; such as Fragilitas Ossium where there is a deficiency of animal matter making the proportion of earthy matter greater than natural: Mollities Ossium; the opposite of the latter: Cancer & Caries; also certain original deseased conditions of bones peculiar to some persons, which we cannot explain. Disuse as in bed ridden people is another predisposing cause to fracture.

The bones of the human skeleton are composed of long and short ones. Of these, the long bones are most liable to suffer fracture: because they afford a greater amount of leverage and are concerned in the defence and locomotion of the body.

Exciting Causes — Fractures are produced both by mechanical and muscular violence. The former may be divided into direct and indirect violence. Direct when the fractures occur at the point of application of the force; as in fractures of the skull, peroneal &c.

Violence is said to be indirect when the fracture is mediate,

or takes place at a point between the application of two forces. One, as a general thing, is an impelling and the other a resisting force. These kinds of violence are caused by blows, falls, getting entangled in some kind of machines &c.

Muscular violence or action, always assists in a greater or less degree the mechanical violence. It may, however, of itself produce fracture, when the muscles are excited into sudden and violent contraction. The patella may be fractured by the action of the Quadriceps extensor, when a person attempts suddenly to recover from a fall. This muscle being the one that is concerned in keeping the body erect.

So also the Olecranon process of the ulna may be fractured by the triceps.

Union, or the Reparation of fractures.

This is a very interesting part of our subject; and is one of the many glorious instances of the wonderful reparative powers of nature when properly assisted. This process is accomplished by several different steps and occupies from five to six months. Of course the time will depend a great deal on the age and condition of the patient & proper management of the case. After fracture, there is a quantity of plastic lymph effused in the cellular tissue around the

broken part, in layers. This lymph becomes organized; and in the course of two or three weeks converted into a cartilaginous capsule embracing the bone above and below the point of fracture. In a few weeks the capsule becomes ossified; and the use of the bone is restored. This is what is termed the provisional tumor, or callus. At this period, however, the ends of the fragments are not completely united; but in the course of five or six months ossific matter is deposited between them, causing direct union. This is what we term definitive callus. In the mean time, the provisional callus is absorbed away. The lymph concerned in the

formation of callus is poured out from the bone, its membranes and the surrounding parts.
This same process takes place in cases of Necrosis.
Provisional callus, however, is not formed in all cases of fracture: as those of the cranium & those parts of bones concerned in the mechanism of joints: as the olecranon, acromion, caput humeri, patella &c. In these cases the union is ligamentous, as a general thing. But if the parts be brought together and kept in strict apposition bony union will take place. This object, though, is rarely accomplished; and forms an exception to the general result in such cases.

It has been denied that bony union ever does take place under such circumstances. We have abundant proof that such union has taken place in cases of fracture of the neck of the femur within the capsule, from both French and English surgeons; and also Professor Geddings of South Carolina. If it be true in this case; why should not the same thing happen in other fractures of the same class? It is obvious that any provisional callus in such fractures, would be productive of very unhappy results to important parts connected with, or in the neighborhood of such lesion.

Inflamation would be set up in the joint and probably be the cause of its final destruction. So also in fractures of the skull, disastrous consequences would result from the pressure of such a tumor on the brain.
Neither is this provisional callus constant in those case where such a tumor is not objectionable. This is an exception to the general rule; but it is unreasonable to deny that such a thing is possible when bone under circumstances more adverse does unite without any such tumor.
This fact is interesting in a medico-legal point of view; as in the case of Madison Jeffries

and Dr O'Neil. The question as to the existence or nonexistence of fracture came up; and the impossibility of such lesion was argued, from the circumstance that there had existed no provisional tumor! But this argument proved to be untenable by the evidence of eminent testimony to the contrary.

Symptoms. — The general symptoms of fracture are deformity, — such as shortening, bending or twisting; preternatural mobility; interruption of function, and crepitus. Crepitus is a grating noise which is heard when the ends of the fragments are brought together and rubbed against each other.

Crepitus is a very valuable sign; but not always constant. Care must be taken, also, lest we mistake it for muscular or articular crepitus. In addition to these symptoms there is always more or less pain and swelling. A knowledge of the influence of muscular action and weight of the body in different cases, will assist our diagnosis. This fact we will find to be of great importance when we come to speak of the treatment of fractures. It is also very important to know the original violence which caused the fracture. On this fact alone, will often be sufficient to form

our diagnosis. For example — if an old person, especially a woman, should suffer an injury from slipping and falling on her hip; we may predict with a great deal of certainty that the neck of the femur, within the capsule, is broken.

Treatment — The two great objects in the treatment of fractures are, first, to procure union, and secondly, to accomplish the first, with as little deformity as possible. In order to accomplish these two great indications, the first thing to be done, is to reduce the fracture; that is, the parts must be, as nearly as possible,

brought into apposition.
Secondly, the limb must be placed in such a position that all muscles, that tend to displace the fragments, will be relaxed; and kept in this position by proper support.
This result is effected by many different contrivances: such as bandages, pads and splints made of pasteboard, wood &c.
It is important, when a person is confined to bed with a fracture of the lower extremity, to have the foot of the bed raised a few inches in order to obviate the tendency the limb has to slip down, and thus prevent the effect, this last circumstance has, of helping to produce shortening of the limb

Thirdly, the injured part must be kept at rest untill union has taken place; — except when a joint is concerned in the fracture. In the latter case motion must be practiced at the end of ten days or two weeks. Lastly, and of great importance, we must guard cautiously against all sources of irritation and inflamation, and counteract such symptoms if they be present. Also to support the patient with proper nourishment, and to administer tonics and stimulants when the condition of the patient demands it. Fractures are generally easily diagnosed and easily treated. But a proper knowledge of the anatomy of the parts and general rules of treatment, with a good judgment,

is very requisite. I know of no one apparatus applicable to the treatment of the fractures of the upper extremities, that merits special attention. Those that furnish the best support,— and of these the simplest— should always be selected. In treating those fractures of the lower extremities in which the confinement of the patient to bed and perfect rest of the limb is required, suspension should be practiced. By far the best apparatus for this purpose, is the one that has been used in our Infirmary during the past year; and which has given perfect satisfaction:— I refer to the "Anterior Splint". It is applicable to nearly all cases of fractures of the leg; it is the simplest, most available, and gives the greatest comfort to the patient.

An Inaugural Dissertation on Dysentery

Submitted for examination to the

Provost, Regents, and Faculty of Physic of the University of Maryland for the

Degree of Doctor of Medicine

By

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of
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Dysentery.

Which of the various subjects in Connection with Medicine I ought to select suitable to my present purpose and that which my yet limited knowledge of the science would appear to suggest as being most proper for for me to enter upon with the greatest hope of success, I have long and seriously doubted, However, now and Calmly weighing all things, I have resolved to offer a few remarks on the subject of Dysentery, a disease that has perhaps, received less attention from the Physicians, hitherto than it deserved, When we take into Consideration the great danger to life and the rapid tendency to derangement of organs that are indispensable to the large Consumer of healthy existence, This disease has of late begun to excite the attention of those Physicians practising on the Eastern Shore of this State, since as I expect to Cast my lot among those, it behoves me to prepare myself thoroughly for the great Combat of life, Surely it becomes us as students of Medicine and

a plot which will make good for generations by entering upon this new sphere. We should be forgiven, perhaps, if there is a faculty for discovering [illegible] profession to be so thoroughly prepared, I only claim to have done my duty, and though my path onward may be beset by many difficulties, yet difficulties must and will be overcome them all. When the last hours of this session have passed, I in common with many more of my fellow labourers will be called on to render an account, and when weighed in the Balance should I be found wanting, my default must rest upon my own head.

Few diseases should attract more attention than Typhus. Many portions of our County are almost entirely exempt from it; yet there are other districts in which this disease is ever present and alarming. If we go to the southern parts of our County, we find this affection, threatening decimating ravages, in an alarming extent, the parts of Carpenter's Bay, the same disease is commencing its ravages. And that far distant land again yields, long yet existence and malignancy. If we inquire

into the History of Worms, and the
opinion is we fear too well founded
broken down by this disease, as
the Cough arises in the mouth this
has cut down more than the lungs.

Dysentery, may be defined to
be an effusion of the mucous membrane
of the large intestines, and is characterized by
griping pain in the abdomen followed by blood
mucous discharges, straining and tenesmus,
strictures and rectum, not unfrequently this disease
is ushered in by symptoms not differing materially from
those that mark an ordinary attack of diarrhoea,
such as lassitude want of appetite, nausea
depression, fever, slight chills, alternating with
flushes of heat, thirst, low, slow, pain in the
head and back, these symptoms usher in
a train of pains, accompanied with a feeling of
uneasiness in our Bowels, or other portions of the body
which it appears as an epidemic it may then
be ushered in with but few of these premonitory
symptoms, when dysentery makes its appearance in
an abrupt manner it is likely to arise from causes

that act directly on the mucous membrane of the intestines.

From the commencement of an attack of dysentery throughout its whole course little or no feces are discharged spontaneously, the stools consisting almost entirely of mucus mixed with blood. Tenesmus, is one of the most painful and troublesome of all the symptoms of this disease, and from its degree and violence we can generally form an accurate idea, of the danger.

Tormina is, often, violent, and gives the patient much distress, particularly just before the urgent calls to stool are experienced. The abdomen becomes tender, — This symptom warns of what? it tells us in plain language, that we have inflammation to deal with. If we make pressure, over the region of the track of the ascending the transverse and of the descending colon — the patient complains, if the inflammation should be intense, he will, perhaps, be unable to endure even, the slightest pressure, even that of the bed-clothes.

character of the stools. In some cases of dysentery the stools will consist, almost entirely of blood. Some might look on this state of things, as being of the greatest danger to the patient such, however, is far from being the case. We may perhaps discover that the patient has discharged two or three ounces of clear blood back - so far, is it, from endangering him, that we hail it as a favorable symptom. If there has been a determination of blood to the intestines; congestion, is the consequence, and may finally result in inflammation most intense; nature, however, comes to the rescue.

Those small vessels that supply the membrane give way and the condition of the patient is certainly much the better, for the loss of a few ounces of blood. Again, we not unfrequently find the result of it is to insure, when this state of things is certainly much more dangerous. We find the patient in much pain, tenesmus, very frequent discharges of mucus, commingled, with a glaring florid - colored - symptom or at

we may be sure that inflammation is present — and that it is intense; and unless checked or subdued, it will terminate in death. In the majority of cases however, we have the mucous discharges mixed with blood. Again, these discharges whether mixed with blood, or entirely of mucous, will after continuing for several days, have a peculiar disagreeable odor — and as the disease advances, they will in many instances give off an odor that is intolerable — frequently not unfrequently (it is to be feared) the unhappy victim is receiving that attention his case requires or — in the more malignant form of the disease, the discharge is not only — is a corroding and foetid character. In some cases of this affection, the heart [illegible] but little [illegible] the heart [illegible] generally [illegible] the [illegible] of the [illegible] of dysentery — the attendant fever is often found to be of a high grade.

In protracted and severe cases great prostration is rapidly induced the pulse

become small, rapid and frequent, the Countenance Contracted and Cadaverous, the abdomen tender and elastic, the skin hot and pungent, the breath offensive and the gums tender and bleeding, an apparent amendment may occur after these symptoms have lasted for several days — but this Pulse is generally of short duration; for although the pulse may rise and become accelerated, yet, the tenseness and tremulous rapidity soon will increase, the stools become dark and of a tarry Appearance, frequent, and offensive, the Countenance Lifeless, the extremities Cold and Clammy.

On the Commencement of this affection, the tongue is covered with a white fur, and in a few days it appears to become brown, rough and dry along the middle, tender and red at the edges. The lungs become contracted, Coughing, expectoration and Pectoral sensations are

always inactive; the alvine discharges [illegible] entirely free from bile, and the skin obstinately dry during the active stage of the disease.

Causes. The Causes of gout are various, and many. The chief of which in its acute form are, unwholesome exhalations, Malaria, a Cold and moist Autumn succeeding a warm and dry Summer, is particularly favourable to the production of the disease

Exciting Causes. The most frequently Causes of gout, [illegible] is exposure to Cold [illegible] air; a rich and indigestible food is, also, a Powerful exciting Cause — the immediate use of fermentous liquors, [illegible] the [illegible] of the disease.

Of the predisposing Causes of gout there are none, [illegible], that so [illegible] predispose to the disease [illegible] Constitution; as Malaria and to this

against I shall ascribe as its most
frequent Cause — in doing so [illegible],
I carefully exclude that I am inadvertent
to the Code of doing the highest justice.
All agree I believe that dysentery
may be a disease of Age. Results from
all that I have seen of the disease it
would appear to have been the prevailing
affection in many instances, and
to have been produced by heat; and
that, without the Co-operation of any
other apparent predisposing Cause.
Take a case of dysentery as it occurs
in Malarious districts — and
note the Pain, and prostration.
What do we observe? We find upon inquiring
that the patient had been unwell for some
days, previous to his landing, he felt unwell
he dozed; then, prostration for
several days, finally a decided Chill
occurs — in a few hours more, comes the hot stage.
The patient now has severe pain in the
head and back, dry skin, parched

tongue, time, pain, & wise all Cases for several hours, and then comes the third, or sweating stage, After which the patient again returns to a refreshed state of health. Dreams & relates to the bowels & in cases respect some the affection of the bowels these paroxysms continue to recur with greater or less severity throughout the attack of regular intervals.

Now from the great similarity of symptoms together with the circumstances & remarkably pointing to the conclusion that dysentery and Intermittents are attributable, to one and the same cause viz Malaria, Dysentery and Cholera appear to belong to the same class and to the appearance only, Cholera is not common to Malaria, and its cause in that country is attributed to Malaria, Dysentery is rife in the same unhealthy land - the two diseases, they are comparable in severity. Yet there is in many respects a very striking point in it - to make the matter short, whenever we found a -

sometimes distinct, and that in some Climates these are found quotidian bilious fever; and sometimes Cholera, Spasmodic, the frequent alternate of diseases with intermittent together with the similarity of symptoms on the Eastern Shore of this State have impressed practitioners with the belief, that both diseases are attributable to Malaria.

Miasmata, would appear, in most instances, in our State, to be the effect of the united influence of Malaria and atmospheric vicissitudes; and hence arises the frequency of the hepatic and Cutaneous functions. Again the atmospheric temperature seems to be productive of Malaria; is sufficient, also, to excite the Cutaneous exhalants to inordinate action; whilst both the heat, and Malaria tend at the same time to increase the bilious secretion. If in this state of predisposition a sudden reduction in the temperature of the air occurs, or if the body be exposed to the Chilling influence of a

humid and cool air the irritants of the surface will be removed, or higher the blood flows from the extremities, to the internal vessels, and the liver will be with the other internal organs, becoming engorged with blood will not only become further disturbed in its functions but contribute to congestion in the portal vessels, and be exposed to intestinal inflammations.

Morbid Anatomy

In ordinary cases of dissentery, the morbid appearances detected after death are; inflammation of the mucous membrane of the colon, and rectum, occasionally extending to the small intestines and in the more severe cases mortification and sloughing of the membrane it may also be the seat of deep ulcers in the course of the transverse bands of the colon or inflammation and ulceration of the follicles of the large intestines, or the more prevalent

Cases in, addition to inflammation ulceration mortification and sloughing of the intestine there is often marked basement of the mucous membrane and mucous with adhesions of the mucous to the serous tissue and of the peritoneal portions of the intestines to each other. The latter are usually higher when ulcers have perforated nearly all the coats of the bowels, & the ulceration of the large intestines are generally most numerous in the caecum ascending colon & terminations of the colon. In some instances the last three or four inches of the ileum is hardened thickly studded with superficial ulcers with its fibres & a rough appearance from the enlarged follicles, such glandular lesions, with this exception disease of the small intestines is rarely met with, in the cold stage of dysentery, as in Cases where chronic dysentery terminates in the formation of polypus

Treatment

The treatment of acute dysentery must be regulated by the form, or circumstances, under which it presents itself. The morbid conditions present in the disease, are, usually, inflammation of a greater or less extent of the whole mucous membrane of the intestinal tube; general irritation, vascular excitement; torpor of the peripheral circulation; and disorder of the function of the liver. According to the pathologic principles here laid down, the proper indications, would appear to be, first, to moderate the febrile action of the blood and arteries where it is excessive; second, to restore the regular action of the liver and skin, and third, to subdue local inflammation.

In continuing the importance of these indications, it may be observed that, torpor of the cutaneous, which is, in the derangement, is generally consecutive to the intestinal inflammation, as well as to the febrile excitement. The restoration of these functions in the early, or first stage of the

disease, constitutes the first object in the treatment of this affection; for in proportion as we succeed in the accomplishment of this purpose, so do we equalize the circulation, lessen the determination of the blood to the bowels, and subdue the general febrile excitement, and the local intestinal affection. High arterial excitement is always incompatible with the regular performance of these functions, and tends to augment and sustain the local intestinal inflammation; The first and most judicious course in the treatment of dysentery is, when the febrile excitement runs high, to moderate it, by bloodletting, and indeed these are the best fore cases, of the remittent form, in which the lancet can be dispensed with; and in cases where general bleeding, the propriety of which is at all questionable, local depletion by cupping or leeches to the abdomen can rarely be dispensed with, without endangering a serious relapse

or other structural changes; as a general rule, however, the great advantage derived from blood-letting is confined to the first stage of the disease, for in many instances the effects are very evanescent, the elevation, and under favorable circumstances to bleed, would be best, seize the patient.

When we find the pulse full and quick, or tense and frequent, blood should be drawn. Bloodletting in this disease is much less used as a general rule, than in many other inflammatory affects — but when we consider that the disease consists in an inflammation of the lining membrane of the great intestines, proceeding, more or less rapidly, to ulceration, and in the more violent cases to gangrene and sloughing, but little doubt can be entertained of the propriety of the practice, in the early, or acute stage, even in the milder forms, the application

of leeches or cups over the seat of pain are generally materially shorten the duration of the attack.

In hot climates, where the disease frequently attacks with such violence as to threaten the speedy annihilation of the powers of life: the free use of the lancet affords the only sure means of checking its violence and preventing its rapid termination in disorganization of the liver and bowels. One or two efficient bleedings in the beginning of the disease when the fever is high, will generally moderate the pulse, stop the alvine tormina, and prevent abdominal pain.

Purgatives. The efficiency of purgatives like bleeding, is confined to the early stage of the disease; that the operation of purgatives cannot fail in many instances to increase the irritation of the bowels, and to augment to a great degree the sufferings of the patient I am fully convinced. In cases where

ulceration exists; purgatives are doubtly altogether inadmissible, subsequent to bleeding; the internal remedy, from which much benefit is often derived, is ipecacuanha administered in doses of half grain, combined with blue mass, and extract of hyoscyamus, of each one grain repeated every three or four hours - ten grains of the Dovers powder being given at night. After the discharges from the bowels have abated in some degree their slimy bloody appearance, and though still mixed, liquid and frequent, have acquired more of a fecal character, combining Ipecacuanha with acetate of lead and a small portion of opium will, be found, generally to diminish to a great extent the tenesmus and tenesmus, and to afford the patient much relief.

In the administration of purgatives the first stage of the disease should be the time selected, for the object of the purgatives, being merely to rescue the

acrid secretions from the alimentary canal. These secretions will from time to time become deposited and cannot fail to irritate and increase the violence of the disease — the indication then would be to remove them, our object in employing remedies; of this kind in dysentery is, simply to evacuate the contents of the bowels, and the less irritation that is produced in accomplishing this object the, more beneficial will be the result. The union of anodyne and cathartic remedies appear, in many instances to produce happy results — for a few grains of Calomel, combined with a dose or eight of rhubarb, is, also, frequently given, at the commencement of the disease — followed in a few hours by Castor Oil, with a few drops, Aqua Ammonia — In Cases attended with much pain and tenderness in the abdomen — this treatment is clearly indicated — and will generally give some relief. In dysentery, the irritability of the bowels is often so great that, the mildest cathartics will occasion much griping —

and spasmodic contraction of the intestinal tube, in consequence of which little or no fæcalent discharges are procured by the operation, and these circumstances rather favors than impedes the aperient effects, renders, frequently, the discharges fæcalent copious, and less fæcaloid. Oleum Ricini, when given in this disease, must be in conjunction with Tinct Opii.

Mercury, by most authors is considered an invaluable remedy in dysentery of warm climates, where the inflammation is running on to ulceration, however, if employed, as it is, be rapidly introduced into the system combined with narcotics. In cases where there is manifest derangement of the portal, and more particularly of the hepatic functions, mercury can seldom be dispensed with and unfortunately, for the patient, this derangement is generally present. In the employment of mercury, there exists much discrepancy of opinion, its indiscriminate

use may arise, doubtless, has been the cause of much mischief. I am convinced that it must be seldom necessary to administer the remedy with a view to its constitutional effects. There are cases however, in which (as we have already said) mercury cannot safely be dispensed with. In cases of an unmixed character, and before recent's has been premised, mercury has no place, and will often do harm, - and in the more advanced stage, where there is lactic fever, with ulceration of the intestines, it will generally hurry the disease on to a fatal termination. Blisters, in this disease, are, not a remedy from which much of any advantage can be expected, yet in after the more acute symptoms have been reduced - and then, indeed, our solution requires this aid, - have so to this they will do harm - nay might - in fact be dispensed with, in nearly all forms, and in all the stages of this disease

To remove the painful affection of the bladder, with suppression of urine that so generally attends violent cases of dysentery - injections of Pale water into the rectum, is a remedy that will often give very marked relief. It seems to be also found to be an excellent remedy for the copious discharges of blood but it is to be rendered more effective by the addition of about two grains of the Acetate of lead to, water not, exceeding six or eight ounces.
In cases where the tenesmus is severe during the night - any injection of forty or sixty drops of laudanum in two or three ounces of Pale water will prevent its remaining in the rectum until morning and will prove greatly the patient's comfort.
In the administration of Opiates in this disease much discrimination is necessary until, after, the violence of the inflammation is to, some extent subdued. They are as a general rule, more injurious than their degree

arises, from the fact that they, not so much mask the more [illegible] symptoms of the disease; and thirdly, lead the Physician into a false security as to the true Condition of the patient, while a fatal disorganization is taking place in the intestines.

After the inflammatory symptoms have been measurably reduced, an Opiate at night in the form of Dover's powder, or during the day Opium combined with blue mass and ipecacuanha, will frequently be required to quiet the tormina and tenesmus, and will contribute much to the Comfort of the patient - and shorten materially the duration of the most distressing symptoms of the disease. Opiate injections are generally brought in giving relief when, the tenesmus Continues after the violence of the attack has been subdued - an injection of Laudanum and starch will, also, be very serviceable, after a considerable relief

When the tenesmus is dependent on ulceration of the rectum, an Ointment composed of Nitrate of Lead and Lard, introduced within the anus will be of benefit. In Cases of Chronic dysentery there is frequent watery discharges attended, sometimes with tenesmus and tenesmus by which the patient becomes in a short time greatly exhausted.

The treatment proper in this form of the disease depends but little from that which we would employ in Chronic diarrhea; the patient should be confined to a bland, uninvitating diet - taken in moderate quantities. If the discharges should be excessive - the employment of some of the vegetable astringents combined in moderation - these together with a strict attention to regimen, will seldom fail to benefit in moderating Cases of the disease. Again, in Connection with this treatment - we should endeavor to shield, as much as possible, the patient from the influence of Cold, sudden changes in weather; and, all sudden atmospheric changes - by a proper regard to

Clothing and to the temperature of the Chamber be Occupied, leaches or Cupping Glasses will be required in this form of the disease.

In Convalescence from dysentery the greatest Care should be observed in regard to the nature and amount of food, and drink allowed to the patient. It is important to keep the Colon as nearly as possible empty so long as there remains a symptom of inflammation. The habit of pouring large quantities of mucilaginous fluids into the Colon in this stage, must in some instances be productive of much evil. The mildest diluents only are proper, and these in small quantities at a time. Errors in diet are among the prominent Causes of a tardy recovery and of frequent relapses and should be strictly guarded against.

I have now Concluded my remarks on dysentery, and beg leave to present them with their many imperfections to the kind Consideration of the Faculty, hoping that they will meet with the approval, I feel they scarcely deserve.

An

Inaugural Dissertation

on

"Opium"

Submitted to the Examination

of the

Provost Regents & Faculty

of Physic

of the

University of Maryland

for the

Degree of Doctor in Medicine

By William T. Fisher

of Virginia.

[illegible]

[illegible] d [illegible] best

[illegible] inside and

[illegible] its spirits We are

[illegible] by the [illegible] with

[illegible] are [illegible] at

[illegible]

[illegible] to this place, from

[illegible] at [illegible] profile [illegible] and

[illegible]

[illegible]

[illegible] a [illegible] color, a [illegible]

[illegible] symmetric mould, [illegible] and

[illegible] the [illegible] dark [illegible] of-

[illegible] consistence, [illegible] with

[illegible] irregular, [illegible] [illegible]

[illegible]

[illegible] of [illegible]

[illegible]

[illegible] tongues and [illegible]

accustomed to it [illegible]

is of a reddish brown, its texture

[illegible] when drawn over

[illegible]

[illegible] of [illegible] [illegible]

[illegible] a [illegible] brown [illegible]

[illegible] becomes [illegible] on [illegible]

tion of temperature. It is

inflammable on [illegible] a [illegible]

blaze. It yields its virtues to water,

alcohol and dilute acids, to which

last it imparts a brown

color. The different alkaloids of

which this drug is composed

in which resides its active

[illegible]

[illegible] place to give a description

of [illegible]

The composition of opium

[illegible] when it acts first
[illegible] side the pericarp of the
[illegible] ria, which is [illegible]
[illegible]

[illegible] do, the parietal placenta
[illegible] from which to reside. The one
which comes next in order is
[illegible] acid, which enters into
[illegible] The [illegible] paradoxes [illegible]
[illegible] as remedies [illegible] in
[illegible] depending [illegible]
[illegible] operation [illegible]
[illegible] hands and near [illegible]
[illegible] will affect. They are as
[illegible] first and foremost is
[illegible] narcotic, [illegible]
[illegible] aneo[illegible] hortherwise [illegible]
[illegible] acid, a [illegible] in acid
[illegible] fully [illegible] located, [illegible]
[illegible] gen[illegible], [illegible], a [illegible]

[illegible]

[illegible] with the [illegible]
[illegible] vegetable blue and
[illegible] adds to [illegible] peculiar
[illegible] properties is its power of producing
a fixed red color with the salts
of the sesquioxide of iron. I give
this description of meconic acid
on account of its intrinsic
[illegible]

[illegible] no notice on the
[illegible]

[illegible] in [illegible] form of [illegible]
[illegible] opinions do not necessarily
[illegible] opinions of the [illegible]

[illegible] tannic and gallic acid
are incompatibles. The former
[illegible] precipitating the
[illegible] bases, and the latter
forming insoluble compounds
[illegible]

[illegible] mixed with [illegible]
[illegible] accordingly to the method
[illegible] Pharmacopoeia [illegible]

[illegible]

[illegible] a natural aversion

[illegible]

[illegible] power to [illegible]

[illegible] and one of the many

[illegible]

[illegible]

[illegible]

[illegible] of [illegible] is discovered

[illegible] is very strong that [illegible]

[illegible] that [illegible], but [illegible]

[illegible] Thompson the [illegible] be [illegible]

[illegible] of [illegible] [illegible] considerable

[illegible] vacuous impression of [illegible]

[illegible] with the [illegible] of the

[illegible] of iron, the evidence is

[illegible] strong that oxalic acid

[illegible] may however only [illegible]

[illegible] on the following

[illegible]

acid, Medical Review

a stimulant

with examiner

[illegible] except [illegible]
[illegible] and the nervous [illegible]
[illegible] which
[illegible] responded
[illegible] when taken [illegible]
[illegible] in which it involves
[illegible] effects, the pulse is
[illegible] in frequency but not in
[illegible] in muscles and fibres,
[illegible] breaks into a deep sigh;
[illegible] breath [illegible]
[illegible] the [illegible]
[illegible]
[illegible]
[illegible] again [illegible]
[illegible]
[illegible]

[illegible]

[illegible] to alienate the affections [illegible]

dear child [illegible] be [illegible]

[illegible] have fixed upon [illegible] to

[illegible] terms against [illegible]

[illegible] be enough to [illegible] us

[illegible] it from the list of remedies

[illegible] longer consider it a loss [illegible]

[illegible] is not this would follow [illegible]

we not acquainted with its power in

[illegible] on some individual. It is [illegible]

[illegible] times with a [illegible] of other

[illegible] in is so [illegible] in the

[illegible]

say

[illegible] acquainted with it are as equally [illegible] its bad effects when in the hands of those who are unacquainted with its properties. There are diseases in which it is injurious [illegible] application of the drug on [illegible] of the same organs and there are others in which it [illegible] be some to be injurious while a great number of the profession think it [illegible]

[illegible] in which it [illegible] is [illegible] [illegible]

[illegible] it is not [illegible] in the special but general effects of [illegible] medicine. When given in [illegible] it acts as a stimulant. It [illegible] of the urine. It is given [illegible] the powers of the system [illegible] of stupefied, typhous fever, [illegible] dissolute, and unfavorable [illegible] after severe [illegible] and in [illegible] in [illegible], is whenever the nervous [illegible] are predominant, and [illegible] of the [illegible]

[illegible] gives deep and [illegible] [illegible]

[illegible] with [illegible] of [illegible]
[illegible] scene, and dear friends
[illegible] have been flatter [illegible]

[illegible]

with that degree of [illegible]

[illegible] circle and return to our
[illegible]

An
Inaugural Dissertation
on
Hernia.

Submitted to the Examination
of the
Provost, Regents and Faculty
of
Physic
of the
University of Maryland,
for the Degree of
Doctor of Medicine,

By

Charles G. W. Macgill
of
Maryland.

Hermia

In commencing this dissertation, you cannot expect me to enter into the labyrinths of the subject as fluently as one of your age and experience, nor can you expect me to advance many, if any, original ideas, for such on my part to you would be boorishness.

But I, an the young and inexperienced mariner with his chart before him, guide his turdy craft in the tracks of those who have preceded him, until he has experience, and confidence in himself. Then weighs anchor and adventurously ploughs the ever vast deep of Neptune.

But enough of this preamble.

Hernia is derived from the Greek (ἔρνος, a branch;) but in surgery it is spoken of as a rupture, or protrusion of some of the abdominal viscera forcing a sac of peritoneum, including part of the omentum, intestine, or both together.

In some cases the liver, spleen, stomach, uterus, bladder, &c. have been found occupying the sac.

If a portion of the omentum forms the tumor, it is denominated, epiplocele, if only the intestine, enterocele, and if both, it is called entero-epiplocele. When the hernia protrudes from the abdominal ring it is termed inguinal. The crural or femoral protrudes from the crural ring under Poupart's ligament.

But when the former de-
-scends into the scrotum it
is called scrotal hernia or scr-
-ocele. We have also congen-
-ital hernia, which often oc-
-curs without a sac of perito-
-neum, but is lodged in the
cavity of the tunica vaginalis,
and caused by the adhesion of
the testicle with the intestine
when in the abdomen, and
in its descent drags the parts
into the scrotum with it.
This form does not happen
till some months after birth.
As to the appearance of hernia,
in youth we are very certain
it is of this kind; but there
is nothing characteristic about
this hernia to distinguish it
from a common hernial sac;
nor would we derive much
benefit in practice, if there was.

In hernia we have reducible, and irreducible with and without strangulation, and strangulation with and without adhesion. When the contents of the sac, can be readily put back in the abdomen, it is termed reducible. but when the sac is distended with gaseous or other matter it may be called obstructed or congested hernia, and when they cannot be put back owing to adhesion, and no constriction attending the parts, or when the hernia is too large to admit of returning, on account of the smallness of the opening through which it has passed it is called irreducible.

Strangulated hernia without adhesion is one which cannot be reduced, and is also

constricted, stopping the passes on their passage to the bowels, causing the most alarming inflammatory symptoms, which may run on to gangrene, and often, yea too often a horrible death. The constricted part is at, or near the neck of the sac.

Strangulated hernia with adhesions, occurs much the same as the above, and is owing to the size of the neck of the sac, so that the omentum, or bowel, of intestine is strangulated as soon as it protrudes, causing inflammation of the parts, which renders the strangulation tighter, consequently increases the quantity of fluid and effusion of lymph thereby causing adhesions. This severe strangulation interrupts the circulation, causing

besides the inflammation gangrene of the parts.

And now gentlemen before concluding the treatment of the different forms of hernia which I have so briefly described. I shall try to give a description of the anatomy of the parts concerned, to the best of my ability.

Inspecting in the first place the integuments &c lying between the pubes and the anterior superior spinous process of the ilium, we observe the abdominal or external inguinal ring, transmitting the spermatic vessels and cremaster muscle in the male, and the round ligament in the female. It is triangular the base at

the pubes, the apex superior and external, the pillars forming what are called the pillars, one which is superior internal and anterior; the other inferior, external and anterior called Poupart's ligament. The first is broad and is inserted into the fascia lata, pubis, and its ligament. The other pillar is the pubic portion of Poupart's ligament. This opening is guarded by fibres which are thrown off from Poupart's ligament passing in curved lines upwards and inwards over the upper part of the ring, strengthening the parts, and thereby guarding against abdominal pressure. These fibres are called Intercolumnar fascia.

Poupart's ligament is the

inferior thickened edge of the tendon of the external oblique; it is very strong, arising as it does from the anterior superior spinous process of the ilium, descending obliquely forwards and inwards to the pubes, and is inserted by two attachments, one to the tuberosity of the spine; the other to the linea innominata of the pubes. The iliac portion is broad and continuous with the tendon of the external oblique and the fascia lata, the pubic or second insertion can be distinctly felt through the skin, it is round and lies behind the cord; and is connected with the fascia lata which covers the adductor muscles. Gimbernat's ligament or the third insertion

is broad and thin, and lies superficial posterior, and external to the former, and can be found by removing the skin from the external ring, and cutting Poupart's ligament; it is of a triangular form, the apex towards the tuberosity of the pubes; the base external and posterior, crescentic, and looks towards the femoral vessels; this insertion forms one of the boundaries of the femoral ring (the internal). This ligament (Poupart's) strengthens the abdomen, and is returned strengthened by the fascia lata, forms the superficial &c. and is a fixed point of attachment for the muscles of the abdomen, the obliquus internus, cremaster, transversalis.

and also guards the vessels and nerves passing to the thigh.

If we now continue dissecting the parts we come to the internal abdominal ring, situated an equal distance between the spine of the ilium and symphysis pubis; formed by the perforation of the fascia transversalis (a fascia which supports the peritoneum) where the internal oblique and transversalis muscles are deficient) by the cord, or the round ligament.

The space between the internal and external ring, is a channel as it were for the spermatic cord, hence the name, inguinal or spermatic canal. Commencing at the internal ring it runs

obliquely downwards, forwards, and inwards, to the external ring. This passage is bounded anteriorly by the tendon of the external oblique, and by the inferior fleshy margin of the internal oblique, and transversalis muscles, posteriorly by the fascia transversalis, and tendon of the internal oblique, and transversalis, inferiorly by Poupart's ligament, and its third insertion.

Males are more subject to inguinal hernia than females, as the cord and ring are larger than the ligament and ring in the female: there are two kinds of this form of hernia, the oblique and direct. The oblique is the more common of the two. The one coming from the

internal ring along the outside part of the spermatic vessels, to which it is connected by the cellular tissue, and prolongation of the fascia transversalis, from the edges of the ring; this sheathing forms the fascia propria of inguinal hernia. As the tumor proceeds it insinuates itself between the cremaster muscle and the vessels of the cord, along which it descends to the external ring, where the intercolumnar fascia also becomes concerned; unites itself to the cremaster, and is insensibly elongated on the tumor, as it descends to its haven the scrotum.

In injecting the sac of an oblique inguinal hernia we will find it covered with

the following parts, first the integuments, then the superficial fascia, much thickened and can be divided into several layers surrounding the tumor, then the fibres of the cremaster also thickened may be seen spreading on the front and sides of the sac, together with the intercolumnar bands which are closely connected to this muscle, forming as it were a pouch for the sac, by dividing this we come to the fascia propria inverting the tumor very closely and is very difficult to be separated from it; beneath this fascia the bladder sac will be found, and on opening the sac the omentum or intestine will be found occupying it.

Direct inguinal

hernia protrudes directly through the external ring without traversing the spermatic canal, and the sac is covered only by the integuments superficial fascia and some tendinous bands, that it has behind before it, and descends generally along the inner side of the cord. The epigastric vessels are to the iliac side of the neck of the sac; and in operating the knife should be directed upwards and inwards.

In oblique inguinal hernia, the vessels are placed behind the fascia transversalis between it and the peritoneum; two veins usually accompany the artery, one on each side; but some times there is but one, that on the pubal side of the artery; the epigastric artery

arises from the external iliac near Poupart's ligament; it descends a little forwards and inwards, then ascends towards the [illegible] [illegible] to the fascia transversalis and near the pubal side of the internal ring; there in operating the knife should be directed upwards and outwards. Some times it is difficult to distinguish the oblique from the [illegible] in consequence of the shortening and dilatation of the canal.

We next come to femoral or crural hernia, in which the protrusion takes place below Poupart's ligament, through the crural ring, which is rather what of a triangular form, the base of it is the [illegible] [illegible] the apex,

Gimbernats ligament; and is bound internally by Poupart's ligament, and the fibres of the Iliopsoas, pectineus & the fascia lata, and posteriorly by the pubis.

Gimbernats ligament prevents femoral hernia occurring internal to this space, which is the only place in the arch where a hernia can depend: and even at the opening it is well guarded by the fascia propria, which arises from the fascia iliaca and the outer side of the iliac vessels, passes over them and over all into the pelvis, however only it is continued along the vessels, covers the femoral ring, and this covering is lost on the surface of the fascia transversalis, neither can it occur internal as the femoral vessels fill up the space, and strong

bands run from the fascia transversalis to the fascia iliaca between the vein and artery, and these bands prevent the enlarging of the sheath. Femoral hernia can then occur, as may be distinctly seen only at the crural ring; it descends through a canal which commences at the crural ring large, and ends funnel shape at the saphenic opening in the fascia lata, from which the protrusion takes place.

In dissecting a femoral hernia of long standing, we find the superficial fascia greatly thickened and vascularity increased so much, as to present a fleshy appearance; in dissecting this we expose the fascia superficialis, which presents a fleshy and smooth appearance,

and is composed of several la-
= minae, which contain the
sac.

Treatment. — First,
Reducible hernia. the symptoms
of which are enlargement at the
abdominal parietes, If grasped,
it is found to dilate when the
patient coughs or makes any
exertion; enlarges if he stands
up, and diminishes when he
lies down, or when pressed up=
= on in a proper manner. If
the Tumour is soft, flabby, and
inelastic, and when pressed up=
= on returns without noise, and
very slowly it is epiplocele.
But if on the other hand it
is elastic, round and smooth,
and when pressed upon makes a
a croaking noise, and returns with
a sudden jerk into the abdomen
it is enterocele. But often,

as I have stated before it con-
= tains both intestine and om-
= entum; and is often very diffi-
= cult to say for certain which
it contains.

In treating this hernia
we should first replace it,
which is to be effected by taxis,
and secondly to apply some in-
= strument to prevent its return;
which is done generally by the
use of a truss, an instrument
consisting of a pad and spring,
which should be long enough to
extend an inch the other side
of the spine, the pad applied to
the part of rupture; the spring
should not be too weak, and
the pad should fit the parts
easy. This the patient should
wear by day, and if not incon-
= venient also at night, and should
it always be applied before he

cures from the recumbent position. Many plans have been tried to effect a radical cure of hernia, such as, including the neck of the sac in a ligature, cauterization, inserting gold beaters skin into the neck of the sac, and transfixing the parts with pins, so as to excite inflammation in the sac, another, pushing a fold of integument into the neck of the sac, and securing it with a ligature, thus exciting the parts so that the skin and peritoneum may adhere, and plug the neck of the sac. Another that of Dr. Ransom, is to introduce a trocar into the neck of the sac, and inject a half dram of tincture of iodine, then a compress should be used, and the patient kept in bed for some days. It is the general

opinion of the profession, that if a truss answers in sustain=
=ing the parts, the operation should not be performed.

In irreducible hernia, which I have already described the patient suffers very much from pains in the abdomen, some=
=times vomiting, also indiges=
=tion, flatulence, colic, and con=
=stipation. This may be tre=
=ated in two ways, first pal=
=liative, which consists in at=
=tending to the bowels, and applying a bag truss to prevent any additional protrusion, and the patient should avoid all violent exercise. Second Radical cure, by keeping the patient in bed, and on an diet, for some time; thereby convalescing the body much and relaxing the parts, at

the same time keeping the pressure on the tumour with a truss, the fat becomes absorbed, and some times the tumour may be returned. But the results are very uncertain.

Any operation with a view of opening the sac, to divide the adhesions, is scarcely justifiable, as it would be exposing the patients life too much.

The causes, and definition, &c. of strangulated hernia, I have already described when speaking of the anatomy of the parts. And shall now give the symptoms, diagnosis, treatment, and the morbid changes which take place.

Symptoms.— The first are pain in the groin, which is increased by coughing, sneezing

or standing up; and if they are not relieved, are soon followed by, sickness at the stomach, an inclination to vomit, the stop=
=page of all discharges per anum, attended with frequent hard pulse, and fever. And if these symptoms are not appeased by returning the intestine, the sickness is aggravated, the vom=
=iting more frequent, pain more intense, the abdomen tense, fever high, and great restlessness ensues, which is terrible to bear. At this stage no time is to be lost; and if the one single remedy, operating, is not administered immediately, it will baffle every other attempt.

If this is not performed, the vomiting is followed by conv=
=ulsive hiccough, and gulping of fill as matter; the eyes &c.

toms are all greatly increased for some hours, then the patient becomes suddenly easy, the belly subsides, the pulse becomes low, languid, and generally interrupted; and the skin cold and moist; the eyes lack lustre, and are languid and glassy; the tumour disappears, and the skin covering it changes its natural colour, sometimes the part has an emphysematous feel, which will easily be conceived. This crepitus is a sure indicator of gangrenous mischief within." In this state, the intestine goes up spontaneously, or is returned easily by pressure; the patient has a stool, and is much pleased at the ease it gives him, but this pleasure is but short, for the cold sweats and hiccough

increase, with spasmodic
rejections, and subsultus tendi=
=num, and death soon puts
an end to the awful tragedy.

Diagnosis,— Strangulated her=
=nia may be distinguished from
peritonitis, colic, or intestinal in a
person who has irreducible hernia,
by noticing that the pain and
tenderness did not begin at the
neck of the sac. But the rule
is, when in doubt, operate.
In cases of colic and vomiting
coming on suddenly, the surgeon
should inquire if the patient has
any tumour about the abdomen,
and should examine for himself, the
depending parts of hernia.

Treatment, First by returning
the protrusion into the abdomen
by taxis. The bladder should
be emptied, the patient should
be placed, in such a manner

that the parts shall be relaxed. Then the surgeon should grasp the tumour, in his hands, and carefully proceed, to return the hernia. If not successful we may resort to measures to relax the parts, and reduce the action of the heart, and also to lessen the size of the tumour.

These are hot bath, blood letting, purgatives, opium, also injections, cold application, tartar emetic, and last but not least chloroform. And if not successful, the case must be relieved by an operation.

Inguinal hernia.— The operation for this hernia, is performed:- First by the parts being shaved, the skin should be made tense, and an incision about three inches in length, commencing above the neck of the sac,

should be made, along the axis of the hernia, so as to expose the seat of stricture.

Then we should divide the coverings (which I have before enumerated) separately; by pinching a portion of them up with the forceps, then making a small nick, so as to insert a director. then slip upwards and downwards, to the extent of the incision in the skin. When the sac is reached, which can be distinguished from its colour, it should be also opened as the former coverings, and in doing so, there is more always an escape of serum.

Then the finger should be introduced, to find the stricture, which is mostly at the internal ring.

When the stricture is found,

the finger should be inserted under it, and a probe pointed bistoury, guided by the finger, on its flat surface, should be passed through the structure, then its edge should be turned so as to divide it; directly upwards, parallel to the linea alba.

And if the parts are not mortified they should be returned into the abdomen,

But on the other hand if mortification has taken place, the intestine should be divided at its most healthy part, and treated as an ordinary wound of the intestine.

The wound should be then closed with sutures, a compress applied to the part, which should be sustained by means of a bandage.

A mild laxative or

enema may be given, in a few hours, if there is no peristaltic motion of the bowels; and the patient should be kept in bed, under antiphlogistic regimen. If inflammatory symptoms are set up, local depletion, and calomel and opium will be useful.

Femoral hernia.— The tumour is more spheroidal than in inguinal hernia, and when strangulated, is more severe.

In operating the patient should be placed properly, the parts shaved, then the skin should be pinched up and divided by transfixion; for by so doing it, we run less risk of injuring the more important parts.

The wound may be made

crural, or as Sir A Cooper directs like an inverted T. After dividing the skin, the surgeon, should proceed, by dividing the part, as in inguinal hernia. The fascia propria should be divided with caution, for under this is found the sac. When the sac is opend, a small quantity of fluid will generaly escape, and we see the intestine.

Then the finger should be inserted to finde the stricture, which may be at Gimbernats ligament, the mouth of the sac. Or at a ligament described by Hey, which is behind Poupart's, and runs similar to it. When it is found the incision should be made upwards and a little inwards, in doing this care must be taken that we do not divide the Obturator artery. Then treat the case as in inguinal hernia.

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An Inaugural Dissertation On Congestion,

Submitted for Examination to the Provost, Regents, & Faculty of Physic, of the University of Maryland,

For the degree of Doctor in Medicine,

By

James B. Duke,

of

Maryland.

Congestion

Williams' definition of Congestion, is. "Excess of blood to a part, with motion diminished". — He divides the causes, into two heads. namely. those occuring from venous obstruction, and those, from atony of the capillaries, and veins. — And under these two heads, he exemplifies, and illustrates the subject to which I refer. Though it is not my intention, to follow Dr Williams, verbatim, yet, it is my determination, to give some of his views, on the subject, in simpler (though not as appropriate) language. —

The heart is the great forcing-pump, by which the blood is sent to the different parts of the body. When it first leaves this motive-muscle, it enters the

arteries, (with the exception of the pulmonary) - through these, it passes to the capillaries. from the capillaries, to the veins, and through the veins, to the heart again. -

The anatomical positions, of these sets of vessels, under, the veins, and capillaries, more liable to the deleterious impressions of external agents, than the arteries, whose deep positions, protect them, from agents, acting first upon the skin, then upon the subcutaneous cellular tissue, and so on = For agents acting thus, would of necessity; have to affect the veins, and capillaries, before any impression, could be made upon the arteries. -

If for example you tie the arm, with a string, the string, first compresses the skin, then

the veins, and subcutaneous cellular tissue, and so-on, until (if the string, be drawn tight-enough) the arteries are compressed. – But it is not likely, that common agents, such as ligatures, cold, &c., will affect these deep seated vessels. – so, when you apply a ligature to the arm, the veins, and capillaries, (and not the arteries,) are compressed, and consequently congested.

What are the phenomena, of congestion from such a cause? – why, first you see the superficial veins swell with accumulated blood. The surface of the arm below the ligature, becomes red, and then purple, in accordance with the accumulation of blood, until the whole limb is swollen, and presenting almost a black appearance –

These phenomena, are caused by the stopage of the blood, by the ligature, which, prevents the free passage of this fluid, through the veins, thus compressed.- Each little capillary, in sending its proper fluid, to these distended vessels, is prevented from discharging its duty, in labouring with an over supply of blood, its walls become distended with the fluid, and if carried too far, inflamation is set up.- Or the vessels thus affected, after remaining in this condition, a certain length of time, loose their tone, and cannot assist the impetus of the blood, sent from the heart, in getting rid of their load, -

Congestion of the brain, may be caused by any thing

that impedes the flow of blood from the head. Tumors pressing upon the jugular veins, and even light cravats, may cause congestion of the brain, and consequently effusion into the ventricles. –

How does congestion produce effusion? Why; as the veins, and capillaries, become congested, or blocked up with blood, the diminished motion of this fluid, and the increased pressure upon the walls of the vessels, make it almost necessary, that the more watery portions of the blood, should exude through the walls of the vessels, into some cavity, or into the tissues surrounding them. – If the blood be very thin, the requisite amount of pressure will not be as great, as that,

required to produce effusion, when the more solid constituents of the blood predominate. —

Congestion caused by the effect of cold upon the body, is another great source of annoyance, to those exposed to the sudden transition, from a hot-, to a cold atmosphere. When it occurs from such a cause, it is called "congestion by intropulsion". The phenomena of this class of the disease, are caused by the action of cold upon the surface of the body. — There is not a day in winter, that we have not examples of this nefarious acting agent, upon our bodies. —

Our chapped hands, and faces, and the nasty condition of the skin, called "cutis anserina".

will exemplify the action of this agent. It makes its impres=sion, first, upon the skin, and then upon the veins, and tissues beneath the skin, &c. The primary action of cold, is of a reflex char=acter; it makes its impression, first, upon the skin, which impression, is conducted through the medium of the apparent nerves, to the brain, where we become cognizant of its contact, and from the brain, the apparent nerves, conduct this impression, to the part, or parts affected, which they cause to contract; and from that condition of the skin, to which I have alluded. It then makes its impression upon the veins, and capillaries, which follow the

same rules, and exhibit the same phenomenon, that-is, of contraction; They thus contracting, and aided in their contraction, by the pressure of the contracted, and condensed, superjacent-tissues, force the blood out, and into the vessels of organs not-thus affected, that-is, it is forced from the extrem=eties, and surface of the body, into internal, and vascular organs, such as the spleen, liver, and intestines. —

The body when in this condition, is cold, and shri=velled, the nails blue. Qu. The cause of this blueness of the parts around the nails, is, first, where the capillaries in those parts, more numerous, and perhapse, larger, than in many other

parts, in order, that the nails, may be supplied with their proper quantity of nourishment, and moreover they are not assisted as other parts are, by the aid of the contractile powers of the skin. For we have, instead of the skin, a dense, incontractible nail. — Consequently if they are larger, and have no impression made upon them, by the surrounding parts; they admit of a larger proportion of blood, — The blood being squeezed out, from the other superficial vessels, through these, — but having enough behind, to produce this blue appearance.

The adhesive properties of the blood, are also increased by cold. That is, it is more liable to stick to the walls of the vessels,

when impressed by this agent, their under ordinary circumstances, and the circulation, is in this way also impeded,

When blood is driven into the internal, and vascular organs, such as the spleen, liver &c we have enlargements of these organs, They become congested, and their relative sizes are increased, But this enlargement, or growth, is not from a superabundance of nutritive matter to these parts; But is morbid, and depends upon the transudation of the fibrinous portion of the blood,

For we have them enlarged, and of an unnatural colour, depending upon this transudation of the more plastic portions of that fluid, - - - - - -

Malaria, seems to have the same effect upon the internal, and vascular organs, that is known to be exerted by external cold, as, exemplified in the ague-cakes, - For it is not to be supposed, that this agent exers any specific influence upon the liver, and spleen. - And if it does not, this enlarged condition of those organs, must be produced, in the same way, that it is, when this condition is brought about, by external cold,

I have now given the phenomena of "Congestion, from venous obstruction", And will next endeavor to give those, of the next division of Dr Williams. - That is: Congestion, caused by venous obstruction,

The vessels, when in this condition, become flabby, and tortuous, owing to the loss of that elasticity, which is necessary, that every healthy living fibre, should possess, in order to perform its proper functions. Without this elasticity, the vessels become enlarged, and distended with accumulated blood, and have not the power to assist, in its passage through them. - Then we have the motion of the blood diminished, for the crookedness of the vessels, prevents the blood, from passing readily through them. - This is exemplified, in the experiment of Dr Read with the syringe, and intestine of the Rabbit. -

In Torpor, and debilitating diseases, where there is a want-

of tone, in every tissue in the body, the heart; and arteries may be affected, but not so much as the veins, and capillaries, for they are not exactly constituted alike, the latter have a smaller proportion of tonic fibers, than the former, consequently, are less able to stand the ravages of debilitating agents, Therefore they are more easily affected, and are exhausted, and worn out, when the arteries are comparatively unscathed. When in this condition, the fibres of their walls become stretched, and separated from each other, and cannot (owing to their atonic state) maintain their proper degree

of tension, are thus prevented from bringing into play, that action, or duty, which the Omnipotent Being decreed, — that is, of aiding the blood, in its transit through time.

Congestion from overdistention of the vessels of a part, from mechanical causes, produces atony of these vessels. For this overdistension continues, after the mechanical cause has been removed, showing that the vessels have been deprived, of the power, of contracting upon their contents. For when a patient, or person assumes a stooping position, for a certain length of time, the brain becomes congested, and often does not recover from this

condition, until sometime after the erect-posture has been resumed, - as exemplified, in the headache, giddiness, and con=fused vision, which occur after remaining in this position a long time, -

The blood like all other of Nature's substances, are subject-to her fixed, and incontrovertible laws, - It seeks, or gravitates, to=wards the centre of the Earth as all other ponderable agen=ts do, - This gravitation of the blood, to the most-depending portion of the body, is called, "Hypostatic Congestion", —

The diseases consequent-upon Congestion, are - great numer=ous, - We have dropsies, Fluxes, Hemorrhages, enlargements, inflam=

ations, &c. But the exact way, in which they are produced, I'll not relate. - For, thinking that fifteen pages, will answer my purpose, as well as fifty, and knowing, that more than that number will (if read) tire those to whom this must be given, - I'll follow the dictates of an approving Conscience, and stop, as soon as possible after I have written that number, -

The Causes for Congestion, are numerous, - But we must always look to the Cause of that Congestion, and obviate, or remove that, before we can expect to make a cure of this disease. - This is the great deideratum of the Treatment, -

remove the cause, and then give your remedies, for the removal of the effects. – Without this precaution is taken, your efforts will not be crowned with success. And you will be wearing-out, and killing your patient, with unnecessary medication. – If there is a tiger-tick under it? If a tumor remove it? If the heart is diseased? Moderate its action? If the liver is diseased restore it to its normal condition? For in each of the above conditions, the blood is not moving in its habitations, as it ought to, – its passage is impeded, – and unless this obstruction be taken away, – the disease cannot be removed. –

in congestion. From dilating of the vessels, we must take as our start-ing point, the fer-ruginous compounds, and with these increase, therefore, and at the same time, avoid hypercatic congestion, by fre-quently changing the posi-tion of patient. When the head is congested, it must be elevated, and every me-ans be used, to lessen the flow of blood to the head. The elastic stocking, or bande-ges, or something, must be used to support the weak vessels, in varicose veins. For unless they be supported thus, the weight of blood, will continue to dilate them, until they are ruptured, after producing

fatal hemorrhage.-

Astringents, another class of remedies.- are used, in atony, and a want of contractility in the vessels.- When the vessels are acted upon by these agents, their walls become thickened, by the natural effect of this class of remedies - and we have vessels, which, before the administration of Astringents, were flabby, tortuous, and admitting the thinner portions of the blood, to exude, become, by their use, perfectly healthy. - They lighten, or draw together the fibres of the vessels, and in this way, reduce them to their normal condition, It is in this way that some of the salts - of Silver, Lead, Lime,

copper, and alumina, act, also the vegitable astringents. Catechu, Kino, Nut-galls, &c. - We have instances of the good effect of these agents, in congestion of the Conjunctiva, fauces, urethra, &c. - Where the vessels of these parts, are distended with blood, and if these agents are given before this condition results in inflammation, - the walls of the vessels contract under their influence, and they again resume their functions,

Our main object, as I have said, is to unload the congested vessels, which we can do in numerous ways, - As, by blood letting, both general, and local, Counter-irritation, Tonics, astringents, and indeed I might mention many other ways, - but will not: —

An

Inaugural dissertation

upon

Worms in the alimentary canal

Submitted to the examination

of the

Provost, Regents, & faculty of physic

of the

University of Maryland

for the degree of Doctor of Medicine

by Thomas A. R. Keech

of Harford Co. Md.

Having complied thus far with the requirements of this institution, I continue to do so by submitting to your consideration the following thesis.

Whilst it is a humiliating, it is at the same time a curious fact that our bodies provide at once food and habitation for some of the lowest of creation, not only after death but whilst it is yet the present house of the soul

As there are many different kinds of parasitic worms, so do they inhabit many, indeed all parts of the human body. Some crall over its surface, and burrow through the skin finding there a local habitation & food, Other kinds infest numerous internal organs, not sparing even the most beautiful and delicate - the eye.

Though there are numerous kind of

parasitic worms, I wish to confine myself to those with which the physician has most to do. Indeed the opportunities which one commencing the study of medicine has, are so limited as not to allow him to enter into minute scientific detail.

Dr. Watson tells us there are five kinds, worms which commonly infest the intestines. Of these I name first,— Ascarides Lumbricoides, or round worm; a type as it were, of the rest.

It is much like the earth-worm and was formerly thoug. by some to be identical with it

Secondly,— Ascaris Vermicularis, or Oxyuris Vermicularis. This kind resembles slender maggots rather than worms. Sometimes called thread worms, from their resemblance to bits of thread.

Thirdly, Tricocephalus Dispar, a small threadlike worm, hence its common name. Long thred worm, longer than the last.

Fourthly, and Fifthly, the two species of Tenia. They are long flat articulated animals resembling tape, hence their name,—tape worm. The two kinds are Tenia Solium and Tenia Lata.

The Ascarides Lumbricoides are said to resemble only the earth worm. Some attention to this circumstance is necessary to avoid being imposed upon by those who will bring earthworms to us and pretend they have passed them. The Ascarides are from 5 to 12 inches long of a redish brown color tinged with yellow. It is said the female worm is more numerous than the male, larger and having its tail curled; by which, and by the genital organs it may be known.

Sometimes young worms are met with about an inch long.

The earthworms are redder and less pointed at its two ends than the intestinal. The aperture of the al=

imentary canal are different. The mouth of the earth-worm is a longitudinal fissure on the under side of its small round head. In the lumbricoides the mouth which is of a triangular form surrounded by three tubercles is situated at the extremity.

Similar differences exist at the other extremity, - only they are reversed, in the earthworm the aperture is at the very extremity, in the lumbricoides it is a transverse fissure underneath, near the end. The earthworm is said to have rows of little projections upon its under surface for the purpose of propelling it - the intestinal worms have none

The habitation of these worms is the small intestines, though they can, and do sometimes pass both into the stomach and large intestines. they are occasionally vomited up, and have been known to crall into the oesoph-

agus and nostrils.
Andral mentions a case in which one of these worms after creeping up, turned back and became entangled in the larynx and strangulated a child.
They have been found in the excretory ducts of the liver
At one time it was thought these worms had the power of perforating the coats of intestines, but that is now thought to be an error, as they have not the means if they had the inclination. The fact of their passing through ulcerated or other openings into the peritoneal sack, the bladder or vagina or through hernial openings gave rise to this notion.
The number of these worms existing at the same time in the same person is very various.
Dr. Hooper mentions a girl 8 years old who passed upwards of 200 in the course of two weeks. Another

instance is recorded of a soldier who passed 367 in six days, another case in which there passed 260 in two weeks. Fifty or sixty have frequently been found in the same dead body.
They sometimes lie in packets, in some cases reddening the corresponding portion of mucous membrane, at other times leaving it unchanged.
It seems to me if they do sometimes excite inflammation, it might under some circumstances run on to ulceration and perforation.
Sometimes two worms are present, at others only one, so that it cannot be said in a given case because one is voided there are more remaining, though that is probable. This kind is more common in early life than late.
The Ascaris Vermicularis, or thread worm are much smaller than the ascarides. In this species also the female is longer than the male; the one being

about ¼ inch long, the other not more than two or three lines.
This kind lives principally in the rectum, and exists there often in thousands. They are some times passed matted together with mucous in balls or in the excrements.
They are said to crall out at times and to visit the neighbouring parts and to cause intolerable irritation and distress. When recently expelled they are seen to be very lively. The Germans call them because of their activity "springworm" Dr Condie says they belong as frequently to adult age as to infancy, and are more common in female adults than in male. though Dr Watson says they are seen principally in infancy, yet he relates a case of Bremsens of a man of 80, who was nearly destroyed by them I suspect it is with them as in other diseases, they differ in different

countries and under different circumstances.= The third variety is the Trichocephalus dispar, the long thread worm. They measure from 1½ to 2 inches long. The end to which the head is attached is extremely fine, then bulges suddenly out making a thicker body. The body part is rolled into a spiral form, especially in the male. This worm is whitish, except when tinged by its food. Its habitation is the coecum. It is said to be met with in great numbers attached to the mucous membrane by its head, its body hanging loose. Dr. Watson never saw it. It is said to infest some of the domestic animals.

This species of entozoa attracted considerable attention a long time since in Germany, as it was thought to excite excessive diarrhoea accompanying an epidemic fever there, but there

seems now to be no foundation for such a conclusion as it was found elsewhere and gave rise to no bad symptoms. Next come the two varieties of — "Taenia". Though there is a general resemblance between them there are considerable particular differences.

The taenia solium or common "tape worm has a minute hemispherical head, a long flat body of whitish colour composed of many pieces articulated together, these pieces are quadrilateral, short and small near the head, becoming nearer square as they approach the middle of the body, and longitudinally oblong as they approach the tail. These joints have foramina on their margin leading to ovaries within. These foramina are found alternately on the right side of one and the left side of the next. this arrangement sometimes varies. The joints become less firmly attached towards the tail

and as they advance in age so that particles come away sometimes with excrement. The young "taenia" seemed to be only wrinkled but they are really jointed. This kind may be from 3 to 6 lines broad at the largest part and narrower and thinner at its anterior extremity being from ½ to ⅓ of a line in breadth. This animal is said to be hermaphrodite. Specimens are preserved which measure from 20 to 150 feet long or even 300. but there seems to be a mistake about the latter figures, probably they were parts of several worms Bremser relates a case in which one extended from the pylorus to within 7 inches of the anus adhering to the mucous membrane all the way. It has the power of motion and may be felt by the patient. It is more common in adults than in children, but has been found in infants.

Dr. Watson says it has been badly

named "Ver solitaire" as it is not always single. It may exist with others of its own kind as well as worms of different kinds. Its native habitation is the small intestines. The Tenia Lata has been confounded with the Tenia Solium, but there is considerable difference between them, the heads are different. The foramina in the tania lata are on the flat surface, and not on the edge. It is probably shorter than the Taenia solium, 15 feet being its average length.

The geographical distribution is singular and interesting and throws some light, says Dr. Watson on its origine, but I can't see how.— In England, Holland, and Germany, the tania solium is common. In Russia, Poland, and Switzerland it is the reverse. In France one is found as frequently as the other.

There are some others entozoa of frequent occurrence in other parts of the body which are of sufficient importance to demand the attention of

the practitioner. "Hydatids of they may be called in tozoa among others are very curious little bodies like bags of water. Also called, Acephalocysts.- headless bags, they are spherical sacs having but one opening, containing a thin colourless fluid. they are generally found collected in some large cavity or sack, such as the uterus and ovaries in disease, but to which they are not attached in consequence of the manner in which they are nourished. Dr. Thomas and others think they are when located in the uterus, the result of an effort at gestation. The walls of the cysts are laminated, and the young hydatids bud forth from between its layers, in some species they are borne into the cavity of the parent bag. some escape externally, so that sometimes a parent bag is found with other bags in it, and they filled by their progeny. thus they increase till the primary cyst comes to be of wonderful size

The danger by pressure on account of bulk depends on situation, whether in the head, thorax, liver or other parts where it may press on vital organs and interrupt their functions. Sacs containing them are liable to inflammation. The liver seems to be their favorite abode, this organ has been known to contain thousands of these bags doing imminence mischief by pressing on surrounding parts and interrupting the function of the organ.
There are no symptoms, it appears by which it may be known; these parasites exist nor has any rational mode of cure as yet been discovered. The galvanic current has been suggested, it has been thought they might be poisoned with mercury or iodine but as Dr. Watson remarks "these are but dreams of our baffled art." They sometimes make their way out through ulcers. Dr. Arnott opened a tumor in the epigastrium of a patient which poured out very offensive matter, and "the shrivled

skins of sundry hydatids." This cyst was thought to be in the liver.

The urinary organs are not exempt from persecution by parasites, the chief of which is the strongle, its length varies from 5 inches to a yard and is sometimes half an inch thick, such a specimen is in the Hunterian museum. It sometimes occupies the human kidneys, at there gives rise to much renal distress & disturbance and in its passage out through the natural openings causes haematuria retention of urine and great pain. It may escape by abcess through the back causing great suffering, it is common to some animals It is called also strongulus gigas.

When we read and hear of numerous animals of different kinds existing in the cavities of the body, a feeling of wonder pervades our minds as to how they got there, especially as to those inhabiting shut sacks.

Various theories have been started with

respect to this circumstance. One was, that intestinal worms were earth worms introduced with either our food, drink or the air we breath when they are very young or as ova, and are then metamorphosed into zoa, but numerous objections have been offered to this theory, yet we know that the eggs of some insects when introduced into the intestines of animals give rise to parasites, as for example, "botts" in horses, why may not this take place in the human subject. This is Dr. Woods argument in favour of this theory.

Yet considering all the conditions under which they are most liable to be present, it seems to be the most reasonable, and perhaps the most convenient for us to say that "their presence depends upon a peculiar morbid and weakened condition of the general system, and especially of the lining membrane of the intestinal tracks". With this condition existing the exciting

causes may be common.
But how are we to account for the presence of those in shut sacks? We are aware of the fact that microscopic worms exist in the muscles, may they not have been carried and deposited there as eggs by the blood? and will not this theory account equally as well for Hydatids and others in shut cavities? since they are said to be shut the habitation of very small insects. This latter would seem to have been proven, since such parasites are so small as to be seen only with the microscope. Insects have been discharged from the human body which evidently sprung from or which had been introduced from without as in the case of the boy and woman swallowing them when eating stalks of cabbage in a garden, and afterwards discharged live caterpillars. Also the girl who under the influence of religious phrensy drank from the graves of two of her

confessors, mud mixed with water. She afterwards discharged numerous vermine which belonged to certain classes of earth worms and must have been introduced as ova. To what symptoms do intestinal worms give rise, and what conditions favour their production and multiplication. They are most common in persons who from whatever cause are unhealthy & debilitated, especially weak and scrofulous children, though there are many exceptions to this rule, for we see persons who are vigorous and apparently healthy infested by them.

Intestinal worms seem to be more common in low moist situations, where the digestive organs are weak, in leuco phlegmatic habits of body, and in persons who habitually secrete large quantities of mucous. The negro children of some of the southern states and the West Indies are very much afflicted by them.

But how do we learn their presence in the alimentary canal, in what

leads us to suspect them to be there. The symptoms are numerous & interesting, but there is no positive proof except the appearance of one or more, in portions of them, with the excrement. Some of the most common symptoms are colicy pains, swelling of the abdomen, itching of the teeth & the nose and of the anus, foul breath, grinding of the teeth during sleep, variable and capricious appetite, irregular bowels. These symptoms are generally common to the kinds mentioned in children. Worms often give rise to strange and severe nervous symptoms. We are led to believe such symptoms are caused by worms, because they cease when the worms are gotten rid of. These nervous disturbances are explained on the interesting principle of reflex action. Numerous cases are recorded in illustration of these facts. Dr Elliotson's child got rid of a chronic cough after it discharged the larva of the common fly. Brenner gives a case of a boy aet. 11, who having

asthma was afflicted with a troublesome cough, it left him when he got rid of most of the worms, but returned, I left him entirely when he was entirely free of the worms. Intestinal worms seem to be the cause in some instances of epilepsy. Such instances not unfrequently happen. A case is recorded of a child 9 years old who became dumb after suffering in early life from cutaneous eruptions and enlargement of the glands. He also became deaf, attributed to a fall; the patient became emaciated, pale with a dark leaden appearance of the contour of the eyes, tongue white and coated, breath offensive and the abdomen hard and tumid. These symptoms indicated debility with inflamation of the stomach and derangement of its functions, and affection of the nervous system. The L. suspecting worms treated for them, In three weeks the child passed 89 lumbrici, at the end of 5 weeks it passed an immense quantity of ascarides, in another week it had recovered its speech

and fainting, and the accompanying faints. Other
have been used are vital.

There are symptoms which indicate the
kind of worms in a given case. A tumid
belly, emaciated extremities, offensive breath &
colic pains indicate lumbricoides. When they
get out of the small intestines into the stomach
they excite nausea, pain & vomiting, and even
convulsions, by crawling into the biliary ducts
& oesophagus have caused death. They sometimes
come away without any previous warning.

Various anthelmintics have been tried
by as efficient agents in expelling them.

Five indications present themselves to
the practitioner when treating.

The first may be fulfilled by increasing
the peristaltic action of the intestines, or by
anthelmintics proper, such as pinkroot, male
fern, bark of pomegranate root, walnut
wind, or another class, as turpentine, copaiba,
savine, American wormseed, tansy, rue, garlic,
assafetida and a host of others, some of the
volatile oils are still more efficacious, for

or turpentine and of chenopodium. Mechanical agents are sometimes employed, coolage, tin, powder of zinc, & metallic mercury.

But perhaps begin with oil of turpentine and castor oils mixed is as good as any. Some recommend calomel followed by oil. Dr Wood gives the following receipt which appears to be well adapted to the purpose. Semen, Spigeliae, ā ā ℥ss, magnesia sulphas ℥ij, manna ℥j, Fenicul ℥ij, Aquae ferventis ℔ij, macerated two hours in a covered vessel. Dose for a child 2 years old ℥ss. Adult ℥iij or iv. Calomel & pink root may be associated together.

To prevent the return of worms we must remove the condition which favors it, by attending to the diet, appetite general health &c. If the patient is weak and emaciated some preparation of iron should be used. Dr Rush recommends common salt colored by cochineal, exhibited every morning in drachm doses, to expel and prevent them. It has been noticed

that those children who use much salt are not so frequently afflicted by them.

The symptoms which indicate "Ascaris vermicularis, are itching of and irritation about the anus, especially in the evening, aggravated by the warmth of the bed or whatever heats the body. They generally trouble children, not often occurring after puberty, nor do they appear to shorten life. As these worms reside generally in the rectum, enema seems to be the preferable mode of introducing agents. Bitters destroy them. infusion of quassia & other bitters, also tobacco clysters but they are dangerous. Lime water is highly recommended.

Dr Darwell

recommends an enema of ½ ʒ of muriated tincture of iron to ½ pint of water. Martinet suggests, and Dr Wilson agrees with him, 3 injections, the first merely purgative;

Second specific; such as common salt, cold vinegar and such like. The third oleaginous to allay irritation. Means should be instituted to improve the health.

Dr Watson says he knows of no symptoms that indicate the "Trico-cephalus dispar," nor any particular remedy for them.

Various anthelmintics have been tryed to expel the two kinds of tape worm which are treated alike and indicated by the same signs. Various symptoms indicate its presence; many of them resembling those of other parasites, but we cannot be certain of its presence till we see a joint of one, nor can we be certain of its expulsion and non reproduction till the head comes away; as while that remains it continues to reproduce.

Oil of turpentine in large doses often repeated appears to be the most

certain cure; especially combined with castor oil. Dose of the former should be from ½ to 2 ʒ. Bark of pomegranate root is highly recommended, also fern root. Kousso the flowers of a tree in Abyssinia has recently attracted much attention.

But in this kind as in all others a remedy which will be eminently successful in one case will not succeed in the next. This would appear from the numerous remedies recommended, and where we fail with one we must try another and another till we do conquer, and let our motto ever be. "Never despair" but "try and try again".

An

Inaugural Dissertation

on

Rheumatism.

Submitted to the Examination

of the

Provost, Trustees and Faculty, Physic

of the

University of Maryland,

for the Degree

of

Doctor in Medicine.

By

John Cronmiller, Jr.

of Maryland.

In entering upon the consideration of any disease, or Medical subject, it will hardly be expected that the student of Medicine can present any thing new or valuable to this learned Faculty.

The knowledge possessed by the candidate on the subject of Medicine, is obtained through your teachings, and by the study of the few text Books which the limited time of a student allows him to review.

Experience, which alone can build and perfect the profession, whose foundation we are now laying, is yet to be obtained.

Therefore in presenting to your inspection this discourse, I feel assured that you will not hesitate to pass errors that it may contain, and extend to the Author a portion of your leniency.

Rheumatism.

For the purpose of giving a more accurate pathological history of this disease, it is divided into the three following varieties, viz:- Acute. Subacute, and Chronic. These three forms are founded on the difference in Symptoms; their duration; and the modification of treatment applicable to and which each requires. It is a disease of frequent occurance particularly in the low, and damp Sections of Our country; and this frequency, together with the obstinancy of many cases, give it peculiar interest.

The most interesting form, the most dangerous, and which requires the most watchful, and active treatment for its arrest, is that of the Acute;- the danger of which consists in the great liability of the Heart

to become seriously, and irremediably affected. It possesses no danger when confined to the original seat of attack. The onset of Acute Rheumatism is generally sudden; and is ushered in by rigors or a chill followed by more or less febrile excitement. But it is more particularly characterized by the great pain and swelling of one, or more of the larger joints, with inability to move them, exquisite tenderness to the touch, with increased heat and redness. One of the most singular and interesting phenomena of this disease in its Acute form, is its great tendency to shift its locality or situation; suddenly abating in the joint or joints first affected, and as suddenly attacking a distant joint or internal part; and the internal part or organ so attacked is most always the Heart. This metastasis, or change in the seat of the disease

is regarded as an extension of the Inflammation, as the part first affected is not entirely relieved by this change.

The inflammatory fever accompanying this disease presents several features distinguishing it from other forms of Fever. The pulse though full is less hard;- the skin is moist and soft; and the face presents a greasy appearance, as if it had been oiled. I have frequently noticed this oily condition of the face;- And the cerebral functions are remarkably free and clear provided the rheumatic inflammation has not implicated the Heart. There is thrown off from the skin a profuse acid perspiration, which exhausts the patient without relieving the symptoms;- the tongue is thickly furred; the urine diminished in quantity and turbid and acid in quality.

As Rheumatism is an inflammation of

the Fibrous tissue, it may make its ap-
pearance in any part of the body,
where this tissue is found; and may
involve other membranes which are inti
-mately associated with it:-as the sy no
-vial membrane of the joints, which is
frequently affected in this complaint.
In the Heart, the Pericardium and
Endocardium are the parts involved,
when this organ becomes the seat of disease
by Rheumatic change.
This inflammation does not follow the
course of common inflammation; as its
termination is never any of the events of
the latter;-as gangrene or suppuration.
When the disease is removed from a
joint by treatment, that part is gen-
-erally left free in its functions; and no
impairment is the result of the attack.
Rheumatism of itself is not a danger
-ous disease; and it is only when some

vital part becomes affected, that we fear any unpleasant result. The most frequent complication, (Carditis), is to be looked for, and feared, in every case of Acute Rheumatism; unless the disease is met in its onset, with such remedies as are most efficient for its speedy arrest. The Subacute Form is the second variety of this disease; and is characterized by being less violent in all its symptoms; there is less fever; less pain, the latter being of a shifting character, and greatly increased by warmth:- as when the patient is warm in bed, there is generally increased swelling of the parts affected. The skin shows less excitement; the urine is scanty, and deposits a lateritious sediment, and is of an acid character.

The bowels, as in the acute form, are confined, but easily moved.

The other Forms often shade off so gradually into this, that it is difficult to mark the limits of either.

Chronic Rheumatism. This is the third and last form of the disease I shall speak of. It is of longer duration; more difficult to cure; and more apt to recur than the preceding. There is very little general excitement; and frequently none at all; while the local action is slight or obscure. There is some pain or uneasiness in the part; very great stiffness and little or no redness. The structures around the affected joint or joints, are found thickened; and there is great impairment of the motion of the part.

This variety may occur as a sequel to the other forms; but as a general thing, it is independent of them in its origin. The pain here, unlike that

of the Sub Acute, is relieved by friction and warmth; which with the predominant stiffness characterize the chronic form of the disease. It is confined principally to adult life, and to those persons who are much exposed, ill fed and clothed, and poorly lodged while they are compelled to great physical labour. Its duration is indefinate, continuing from a few weeks to several years. From the progressive disorganization in the part, deformity and loss of the use of the member are frequent results, if the complaint has been neglected or badly treated. The members may remain, though, for a long time under the influence of the disease, without any impairment of their functions; but in almost all cases of chronic Rheumatism, there is more or less inability in the motion, and use of the affected part.

Causes.

The causes of Rheumatism are very few in number; the principle of which and most general, is of wide spread and universal application; viz: cold and moisture acting upon the body especially if it be in a heated condition. It follows the abuse of Mercury, and it is also one of the results of Syphilitic poison.

Bruised and Strained joints are the ones attacked on the application of the causes in preference to those uninjured.

The former cause, cold and moisture combined, is followed most generally by the Acute form; While the Mercurial and Syphilitic poisons give origin to the Chronic. The Fibrous tissue, tendinous sheaths, and tendons are the seat of the disease. The Periosteum is particularly the seat of the disease in Syphilitic patients, and those labouring

under the effects of the abuse of Mercury.

Acute Rheumatism is a disease of adult-life; seldom occuring in Children, or before the age of puberty. Those of a plethoric habit, robust form, and sanguine temperament are the most frequent subjects of it, and Males more frequently than Females.

Its periods of most usual occurance are the cold and damp seasons of the year, as winter and spring. Proclivity to the disease may be the result of Hereditary transmission; as the offspring of Gouty and Rheumatic parents are very subject to Articular complaints.

Treatment.

The treatment of Acute Rheumatism consists of the antiphlogistic plan carried out with more or less strickness, according as the patient is more or less plethoric

and robust; and the general, or local excitement more or less intense; combined with such remedies as appear to exert a specific influence upon this specific inflammation.

Bloodletting both general, and local; purgatives, mercurial, and saline; Antimonial diaphoretics; and restricted and low diet, are the remedial measures upon which we rely.

The most effectual, and I believe the most generally adopted plan, or system of treatment, is that recommended by Dr Chambers, an outline of which I will presently give. Our internal remedies must be preceded by blood-letting; the amount of which is to be regulated by the state of febrile excitement; age, sex and temperament of the patient; fulness of the system; and the effects produced upon the system by the loss of blood

The buffy appearance of the blood in Rheumatism, unlike that of other inflammatory diseases, is no guide as to the amount to be extracted; as this buffy coat cannot be removed by venesection, though we bleed until our patient be exhausted by the loss of blood. From ten to fifteen ounces, more or less, depending on the conditions previously stated, being drawn, a mercurial purgative, as Calomel x to xv grs should be given, either alone or combined with some vegatable cathartic, or followed by a saline to assist and hurry its action. After the bowels have been freely relieved of their viliated secretions, diaphoretics, - the antimonials combined with calomel, Nitre and opium, continued until the pains are relieved, or the system shows the effects of the cure, when it is withdrawn. The bleeding both local and general, is repeated,

if the case be severe, and the bowels are kept freely moved; as their free action accelerates the cure, by freeing the system of all acrid, and irritating ingesta. A metallic taste in the mouth, or the first notice of the mercurial odor of the breath, should be the signal for the omission of the Calomel; the Antimony, Nitre, and Opium being continued, as also the free action of the bowels. This is substantially the treatment recommended and pursued by Dr. John Armstrong, whose success gained many votaries.

The diet is low, and all stimuli are abstracted. Dr. Armstrong advises no local applications save that of leeches, which may be used with marked benefits where there is great local excitement.

Dr. Chambers plan consists in following

the venesection by a dose of Calomel from viii to x grs. with, with grs i or iiss of Opium every night. This to be followed every morning by the Black draught, so as to ensure four or five evacuations during the day; the patient is then to have Wine of Colchicum xv to xx gtta, with v grs of Dovers powder thrice a day. The calomel is omitted as soon as the paincease, or the gums become tender; but the Opium, and Colchicum and Black Draught are continued. Dovers powder may be substituted at night for the Opium.

It is thought that Ptyalism guards the patient against, or lessens to a great degree, the liability to the Heart becoming involved.

Of the treatment of Sub Acute Rheumatism, Nothing can be added in the treatment of this form to that

which has been already given in the treatment of the preceding. The Remedial means used in that, are equally applicable to this form, with some slight modification. For as the excitement and local action are much less severe, the application of remedies is less active.

This is one of the varieties in which the preparations of Colchicum are said to have so beneficial an effect; and it is accordingly given; The abstraction of blood, locally or generally, according to the amount of vascular excitement. Free purgation with Mercurial and Salines, alternated with Tincture or Wine of Colchicum and Dover's powder, or Opium, Calomel and Antimony with Nitre all take their place in the treatment of this, as in the treatment of Acute Rheumatism

Treatment of the Chronic Form.

In treating the chronic form of Rheumatism, we are to be guided in views of the propriety of reducing the patient by purgation or venesection, by the degree of local action, if any be manifest; or by the state of fullness of the patient's system. I do not think the loss of blood is often called for, only to render the system more susceptible to the influence of our remedies.

As the form is chronic, so should the character of our treatment be.

The bowels having been sufficiently moved, and the biliary and intestinal secretions sufficiently excited by mild mercurial purgation, they are right so by wine or Tincture of Colchicum, combined with small doses of Sulphate of Magnesia, or Bicarbonate of Potassa. It is here that

Colchicum is so highly thought of, and supposed to exert that specific effect over the disease, for which it is prescribed. It is in this form, characterized by obstinate stiffness of the joints that local applications, as stimulating Liniments, are found to relieve the patient, and assist in removing the disease. Any of the Liniments containing, Ammonia, Camphor, or Turpentine, are the applications usually prescribed. Guiacum in the form of Tincture or substance, is a drug used with a great deal of benefit in this form, or variety of Rheumatism. It may be given in doses of x grs. every morning; or given in combination with Sulphur Lotum Oleum Terebinthinae in doses of x gtts. combined with syrup or sugar, is also found highly beneficial.

Distinction between Gout and Rheumatism. Gout may be confounded with Rheumatism though the differences between them are sufficiently well marked. The larger joints, and often more than one, are the seat of the latter disease; while the smaller joints, and especially those of the foot, as the ball of the great toe, the seat of Gout.

The pain of Gout is burning, wringing, wrenching; the swelling is tense smooth and shining. Its attack is sudden, - coming on during the night and generally leaves the patient free from pain by morning. The attacks recur sometimes regularly. Gout is markedly hereditary and the subjects of it are those who indulge in the luxuries of the table, wine drinkers, particularly.

Rheumatism may be called Poor Man's Gout, and Gout the Rich Man's Rheumatism.

The complications of Rheumatism, give it most of its interest, and all of its danger; and in the study and treatment of this disease, these complications call for the closest attention, and most undivided watchfulness. So long as the Heart remains unaffected, the Prognosis is always favourable; but the superventeon of cardiac symptoms renders it unfavourable or doubtful. Its very frequent occurance should lead us to suspect, and guard against it in every case of Acute Rheumatism. The seat of disease in the Heart may be the membrane covering, or in the membrane lining it. That of most frequent occurance

is where the lining membrane, or Endocardium, is the seat of disease and more particularly the valves of the left side. Why such should be the case is impossible to explain.
The Heart may be the primary seat of the disease; without any other part of the body being affected. It is not necessary that the disease should first make its onset in some other part of the body, and then extend to the Heart, to receive the appellation of Rheumatic Carditis.

Rheumatism being a disease confined principally to the Fibrous tissue, it may ~~attacks~~ attack any part of the body, where this tissue is found; and the Heart is just as likely to be the part first attacked as any other part of the body.

When we have reason to believe

this organ is affected, the sounds elicited by auscultation plainly indicate the changes that have taken place whether the Pericardium or Endocardium be the part affected. When it is the former, on applying the ear to the chest and over the region of the heart, - if the disease is yet in its early stage, and the Pericardium has not yet become adherent, - you hear a peculiar friction, rubbing or grating sound, produced by the roughened surfaces of Pericardium passing over each other with the motions of the heart. This roughened condition is owing to the thickening of the membrane and the deposition of Lymph upon its surfaces, which becoming organized forms a rough nodular surface. But should adhesion between the surfaces of the membrane already

have taken place, we have no rubbing or too and fro sound; this having ceased. Here partial recovery may take place; but the motion of the Heart will be greatly impaired. Serous effusion into the pericardial sac is not an uncommon occurance; which if large in quantity may speedily cause death. When the Endocardium becomes the affected part the valves of the left side are the seat of Inflammation: and the alteration which takes place, is the same as in the inflammation of the Pericardium, viz:- thickening, and the deposit of Lymph, by which the pliancy of the valves is destroyed and resistence offered to the easy passage of the blood, or by not accurately closing allow the regurgitation:- hence the bellows murmur. To ascertain what valve is diseased, we

must notice the time at which the murmur occurs, the space over which it is heard most loudly, and the direction in which the sound is conveyed.
When the aortic valve is the seat of disease, the sound follows the direction of that vessel, upwards and to the right; if the pulmonary vale is affected, the murmur is heard to ascend along the course of this vessel and to the left; if in the Mitral valve the sound is heard over the apex of the heart.
Disease of the Tricuspid valve allows regurgitation, which is perceptible in the ~~jugular~~ veins. More than one valve may be diseased at the same time; but by observing the previous rules, the case may be readily diagnosed.
The Treatment of Carditis is, after the valves have become involved, only palliative, as a cure is seldom of

ever made; generally sooner or later from obstructed circulation, dropsy supervenes, to which the patient falls a victim.

Our principal object in the treatment, will be to guard against the occurrence of this latter disease. The first and main remedy will be to prevent all vascular excitement, by causing our patient to abstain from all stimulating food, or drink; from all active exercise; from all causes that tend to disturb the mind. The various secretions should be promoted; the bowels kept free; and all nervous, or vascular excitement should be relieved by the administration of Opiates, or some other sedative, as Digitalis or Hyoscyamus in small doses. By cautiously observing the above rules our patient may live for many years without any inconvenience

An

Inaugural Dissertation

On

The Dignity of the Medical Profession.

Submitted to the examination of the
Provost, Regents & Faculty of Physic,
Of the
University of Maryland,
For the

Degree of Doctor of Medicine,

By Oliver J. Everhart.

Carroll County Maryland.

January, 1856.

The Dignity of the Medical Profession.

"The proper study of mankind is man". The truth and beauty of the preceding sentence might appear absurd and altogether unworthy of a moments consideration, to him whose mind has been enshrouded in the thick mists of skepticism; or even to him who has burst asunder this barrier to the acquirement of true knowledge, but delights to revel in the fanciful dreams resulting from fanaticism. Suffice it to say that it would be worse than useless to contend with such an one concerning a sentiment heartily responded to by all the liberal minded.

If then man is worthy of such consideration, he may be viewed in three different aspects, viz; morally, intellectually & physically. In order that the moral condition of man may be improved, that division

of the subject may be included within the province of the Theologian. The investigation of the intellectual powers of man may with equal propriety be submitted to the Psychologist. But the acquirement of a thorough knowledge of the human body, both in its normal and abnormal condition, whilst man is enjoying uninterrupted health, and then again when tortured with the racking pains of disease, must necessarily be included within the sphere of the Physician, whose peculiar position among, and relation to the other members of the human family, renders him worthy of proper consideration, and hence we shall take a glance at, The Dignity of the Medical Profession.

It may not be amiss before entering more immediately upon our subject, to look at the characteri ing spirit of the

present age. Surprise is certainly not great to an observing eye and reflecting mind, to perceive among the followers of Hippocrates a spirit analogous to that which prevails in almost, yea I may say, in every profession, trade and occupation, in which man is engaged. It would seem as if quackery occupied a conspicuous place in the vocabulary of a great portion of the human race, and was call forth very profusely and in a vast majority of cases to the detriment of the receiver.

If the inventive genius of man would humble itself so much as to engage in the manufacture of "wooden nutmegs" and palm them upon the innocent and unsuspecting, we may with much more propriety indulge in the belief that this same spirit manifests itself to a much greater extent, whenever the object to be obtained

rises in importance and value. This we may infer from the ambition of man to soar above the common condition of his fellow-beings, and unceasingly endeavor to rise higher & higher, and at last to obtain a pinnacle never before reached; but the great misfortune in the acquirement of this desideratum is the resorting to dishonorable means, such as should be despised by every true philanthropist.

Even to the casual observer it must be very evident that charlatanry, in the practice of medicine, exists to a degree that is very surprising, and frequently casting a stigma upon honorable members of the profession, who have devoted years of severe study & toil to its acquirements. In order then that the medical profession may be properly upheld and may sustain that

position & eminence to which it has risen by the laudable and self-sacrificing spirit of hosts of its devoted advocates, it becomes the duty of every true & zealous lover of the Science of Medicine to discountenance charlatanry in every possible manner. The present exalted position of the profession should not be permitted to sink to the dignity and imposition of a class of men who have neither respect for themselves, nor their fellow-men; for it has not attained this rank by the exertions of a single individual, but many have there been, who, possessed of the brightest intellects, have devoted years of study to its prosecution, and thereby bestowing manifold blessings upon the human race.

In maintaining the dignity of so noble and praiseworthy a profession, it must be evident that it depends to a great extent

upon the individual who has entered into this noble work. If he has not amply qualified himself to enter into such an undertaking, and even after having partially obtained a knowledge of it, does not apply himself to a further acquirement, his honor & reputation will gradually fade away like the last lingering rays of the setting sun, and finally be enveloped in darkness.

The grand prerequisite for laying a sure foundation for an honorable medical career is a liberal education; but then it is not always he, who can spout his dozen titles, but it is he, who has devoted his time to the improvement and cultivation of his intellect, he who really loved the pursuit of a corner stone, the superstructure of which is intended to alleviate the sufferings of mankind. Much then we say depends upon the

preliminaries of a student of medicine, & much also after having honorably passed through his allotted medical course, and received the appendage to his name. If now his ambition and aspirations have ceased here, by abandoning the further pursuit of his studies and forsaking the well filled volumes of Medicine, then surely he has widely mistaken his calling. It is a duty which he owes, not only to himself, but to his fellow-citizens, to continue with unceasing energy and perseverance, to unravel the almost inexplicable phenomena connected with the human body, when in the varied conditions to which it is continually being subjected.

Hence we may conclude that the knowledge of the Physician must be extensive and varied, not contenting himself with directing his attention exclusively to one particular branch of the

science, but all should claim a certain degree of consideration. He should also possess the capability of readily distinguishing between the different forms of disease, and at the same time his knowledge should embrace the human body in its healthy condition, when all the functions are performed with precision & regularity, so that when its organs become deranged, he may recognise the deviations from its normal state.

The school of experience is said to be the best in which any individual can be taught, yet he should not rely too much upon this, lest he may be deceived with the idea that his own experience is a sufficient guarantee under all circumstances, to justify him in his course, and therefore disregard the experience of his learned & eminent predecessors. It would be rather better were he

to compare carefully the facts of his own observation with those of others, and after having removed the dross from both, to retain the unadulterated material. Success will certainly not be great to him, who places his trust and confidence alone in empiricism; although the operations of his experience may have appeared satisfactory to him, with seemingly beneficial results to the afflicted, yet when reason is altogether rejected, disastrous consequences must inviolably be allotted to those confided to his care. It may be the delight of some to indulge in speculation, and theory after theory may be set forth, involving principles upon a grand & comprehensive scale, from which inferences may be deduced of a plausible nature, evidently intended as a benefit to mankind; but so long as it is impossible to employ them in a practical manner, they are

affords results, and therefore it should be the great aim of the practitioner, in all cases to combine the theoretical with the practical.

Man is ever willing to appear to the world in a conspicuous manner, & thus the more marvelous a doctrine he may originate, the greater will be the satisfaction to him, to receive others imbibing the same principle, whether the consequences resulting from such an act will tend to a higher promotion of medical knowledge or involve it in mystery. Too much vigilance cannot be exercised by the physician in avoiding the various theories that will merely burden his memory, and in maintaining a conservative position. The endeavor to view everything deliberately & calmly, should be cultivated, so that he may be enabled to appropriate to himself whatever will be profitable & beneficial in his career.

This constant desire of increasing his knowledge qualifies him for the proper investigation of disease so that he is not content with merely observing the symptoms that are present, but it teaches him to look beyond these and seek out the affected organ. Frequently do we find symptoms manifesting themselves far remote from the real seat of the disorder, and apparently not in the least degree connected with it. For example, when there is pain in the right shoulder and frequently extending to the interscapular region our attention should be directed to the liver, for the probability is great that there is hepatitis. Again, irritation of the alimentary canal caused by the presence of worms, is indicated by an itching sensation at the nostrils. And again, in phrenitis, we find the organ of vision affected, by refusing to adapt itself for the

reception of the rays of light, and also the organ of hearing becomes painfully sensitive to sound. Thus we can hardly perceive that under such circumstances, not only no good can be accomplished, but that the life of the individual is in imminent peril. Consequently there is an absolute necessity for every practitioner to be able to distinguish between idiopathic and symptomatic diseases; whether the morbid condition, which presents itself at the time of examination, originated in the organ or tissue, or whether the lesion existed previously in some other organ from which it has been transferred.

How great must be the evil, that is brought about through carelessness or ignorance by mistaking the one for the other! If a matter of importance or any one disease, with certainty the higher [illegible]

remedies, and till more impossible to effect a cure, upon ignorant of the real seat of the disease. Another necessary requisition naturally springing from this boasting knowledge, is a diligent and careful inquiry into the cause of the existing lesion, what it is that has induced the morbid condition, being already aware that it is essential to remove whatever has a tendency to destroy the equilibrium of the natural functions of the body, and thereby producing a new series of phenomena.

The physician who would be an ornament to his profession and a benefactor to mankind, must not trust alone to the knowledge acquired by mere <u>observation</u>, but his mind, his intellect, must be brought into requisition, and thought, deep, earnest, vigorous thought employed to enable him both to <u>see</u> & to <u>know</u>, lest he might be like unto him, who,

"Yaw with his own eyes the moon was round,
Was also certain that the earth was square;
Because he had journey'd fifty miles & found,
No sign that it was circular anywhere!"

The eyes of the world are cast upon the practitioner of Medicine, as a man of influence, importance & value, as one whose services cannot be dispensed with, and upon whom rests the every hope of him who is prostrate with lingering disease. Such being the station which he sustains to those around him, his obligations are many to continue to render himself worthy of this regard, but it is not accomplished by relinquishing all his former pernicious habits; for it must be remembered that the science is an organism, which gradually unfolds its mysteries to the inquiring mind, and this is constantly progressing, so that he, who idly wastes his golden moments will soon be left in

the darkening shade of obscurity.
On the contrary what a bright & glorious future is opened up to him, who freely and voluntarily devotes his time, talents and energy, to the prosecution of a Science, which is continually shedding illustrious fame upon its ardent votaries, & the great object of which is the relieving of suffering humanity! Great and many are the responsibilities then resting upon such an one, in the faithful discharge of his duties! To eminence and station in society as a skillful practitioner of medicine may he rise to an enviable height; but one imprudent step of his will precipitate him into the dark and loathsome abyss beneath, there to struggle & buffet with the contending waves of Adversity, and never more permitted to see the Dawn of Prosperity to cheer his drooping spirits. So intimately woven together are his relations

with his fellow-creatures, and so entirely revealed are the domestic affairs, that by one imprudent act, the peace & happiness of the family circle will flee, & discontent will sit triumphant in lieu. And again, viewing his relations in still another aspect, it is clearly perceived that every follower of the healing-art, whose soul is pervaded with the true spirit of philanthropy, should remember the precept "do unto others as we would that they should do unto you". Consequently it becomes his duty to cast aside the spirit of partiality, and to render his services unto men in all conditions & classes of life. It matters not to what creed or profession they may belong, or in what rank or station in society fortune may have placed them, when nature calls for assistance, he should promptly & faithfully relieve the racking disease, and also soothe the anxious and

troubled mind with words of consolation. With what feelings of joy to the afflicted hail the appearance of him, in whom they placed their trust & confidence! Such then being the condition of affairs, we can conceive no reason why every practitioner should not maintain the dignity which necessarily belongs to the profession, since it is vastly easier to sink rapidly into obscurity, than to rise from degradation. Instead of lowering the dignity of so noble & praiseworthy a profession, it should be his constant aim & endeavor to elevate it still higher, and march onwards to distinction, with an eye of indifference to the hosts of charlatans with which he is surrounded. An important mission, then has he to fulfill, unto whom is entrusted such powerful weapons for good or evil; and now it remains alone for him to determine whether his brow shall be wreathed with the laurels

of an honorable & profitable medical career. Should his feelings have prompted him to act unwisely & indiscreetly, and permit wilful neglect produce its ravages among men, he may possibly have escaped the just rewards from his injured brethren, yet he must finally render an account unto Him who knoweth all things.

Returning now to a subject which before was merely alluded to, it is well known to all that the ways and means to which charlatans resort for the successful introduction of their frauds into public notice are many & diversified. As soon as foiled in one attempt, another species of deception is practiced, which appears somewhat more plausible to the mind & captivating to the eye. Were we to draw our conclusions from the preposterous assertions, made by these destroyers of human life, we might easily be induced to believe, that all forms of disease, even the most malignant, are

men toys, with which to amuse themselves, almost pretending to have been divinely inspired for that particular office. They will produce any quantity of testimonials of the most wonderful & miraculous cures, performed in an almost incredible short space of time. It would appear as if the great destroyer of man, the enemy of flesh & blood was sought out by magic, and driven from his dark & dismal hiding place with telegraphic speed. We pretend to have found the great panacea, the alleviator of all the pains & ills that have existed from the foundation of the world. We will exclaim, "Beware, beware of mercury! Use only my vegetable preparations, containing no particle of mercury". We would by no means endorse the preceding nor the following assertion, "Give me a pound of calomel & a lancet & I will cure everything from Maine to Florida", yet we do assert without fear of contradiction, that there is tenfold more

truth in the latter than in the former. It is impossible to conceive of the idea of throwing from the Materia Medica lists a medicine of such powerful curative properties. Ignorance, on the part of medical impostors, of the great remedial agencies of mercurial preparations, has induced them to cast a stigma upon its name, so as to be abhorred by many of the human family. Indeed, to such a height has public opinion been raised respecting this medicine, that many have become fanatical upon the subject, denouncing it with all manner of epithets, & yet were you to ask them whether calomel contained any mercury, they would be utterly unable to answer you. We believe, that mercury beats of all other medicines could be dispensed with, and that it ranks far above all others for the universality of its use. Among all the many & varied pathological conditions

in which we find the human body we believe that in a majority of them, mercury may be employed with decided beneficial results, in some period of the disease, and furthermore that in some diseases it is absolutely impossible to get a cure without its administration. For example, in acute laryngitis, after general blood-letting has failed, our only medicinal agent is calomel so as to produce its peculiar alterative influence. Again, in a certain stage of Acute Rheumatism, when there is great apprehension that the heart will become affected, our only preventative means is the alterative influence of mercury. For its further application in disease, we quote from Dr. Watson, "the great remedial property of mercury is that of stopping, controlling, or altogether preventing the effusion of coagulable lymph", & "of bridling adhesive inflammation." So much an opinion have charlatans abused in public mind, that even some of the learned lovers of the science are com-

been to bear their slights and a general distrust is excited against the profession, presuming that all are alike concerned in a grand imposition upon the people, by throwing around their art the appearance of mystery, & not permitting its general truths to be disseminated among men. In conclusion then, we remark, that our endeavor has been to convey the idea, that the dignity of the medical profession will be sustained, First, by the thorough training & cultivation of the intellect as a sure and certain foundation for the superior superstructure, Secondly, by an earnest & devoted application of the student to the acquirement of his profession, and also after he has bid farewell to his Alma Mater. Thirdly, by preserving perfectly inviolate the trust & confidence reposed in him by his fellow-citizens. And fourthly, by discountenancing charlatanry.

A
Clinical Report
of
Eight Cases Submitted
For
Examination
To the
Provost Regents and Faculty
of the
University of Maryland
For the
Degree of Doctor
of
Medicine.

By
Walton Saunders.
of
Virginia.

February 14th. 1856.

Case No. II.

Michael Murray, a German, aet 25 was admitted into the Yellow Fever Hospital September 25th 1855. He gave as his history that he had been sailing for the past his months between Richmond and Petersburg. When first attacked he obtained medical aid in the last named place, disease Remittent Fever. Being somewhat alarmed he attempted to walk to Baltimore, and from being exposed to the hot sun, and the great fatigue produced by walking in his weakened condition brought on a relapse - for which he came into the Hospital. His skin was very hot, tongue coated with dirty white fur, eyes dull and conjunctiva injected; during the exacerbations there were great vomiting of the whole body, heat of surface followed by sweating. There were also considerable nausea and oppression about the stomach. Stated that he had been sick ten days worse each day about 3 P.M. Upon auscultating his chest a distinct hollow murmur of the heart was heard accompanying the first

sound of that organ. There was also unusual dulness upon percussion over the region of the heart, and upon inquiring further into the history of the patient learned that he had suffered with acute inflammatory rheumatism for thirteen years; that it not continuously but occurring many times within that number of years. This then furnished a prompt response to the inquiry what was the cause of the hypertrophy. For we know how exceedingly prone rheumatism, particularly in the young subject, is to quit the joints and attack the heart causing thickening of its muscular structure and valves. The peculiar bellows murmur was produced by constriction of some of the orifices of the heart, or by thickening of the valves, the blood consequently flowing in an irregular stream and impinging against the walls of the vessels produced the blowing whistling sound. Ordered him a pill of Calomel and Colocynth āā grs. viii. and put him on Digitalis grs. ii q. 4. hora.

30th. Was much better to day. Continued same treatment.

Oct. 1st. Upon auscultating his chest to day discovered that he had Bronchitis, mucous rales distinctly heard on the left side, and dry rales on the right. Complains of pain in breast and cough. The disease is in the first stage. I suppose the Bronchitis was induced by the patient imprudently exposing his body to the cold after one of the febrile exacerbations, the patient being weakened and relaxed. Ordered him a dose of Calomel and Colocynth as No. VIII also Tartar Emetic Gr. ¼ his horae as a sedative expectorant.

2nd Ordered Iodo Chloroid. Grs XII

Antim. Tart. & Potas. " ¼.

Aqua Potas. " XLVIII. M Pills No. XII. S. one

his horae.

3rd. Today the mucous rales no longer heard. Directed the Nitrous Powders to be given his die. Oct. 4th. Being slightly salivated ordered a barraquey solution as a wash for the gums. Gave the Powders only twice a day. He remained in the Hospital under no treatment however except mild tonics for several days & then he was discharged cured of the Bilious Fever and the concomitant disease Bronchitis, but the hypertrophy of the heart still remains and will continue, I imagine, till it ceases to beat.

No II.

Jno. Sheebank, a German, aet. about 30, was admitted into the Alms House September 12th, with Bilious Remittent Fever as was diagnosed by Doctor Wilson the Attending Physician. His tongue was dry, coated, and brown; great debility of the whole system; mind confused, could glean nothing intelligible from him in regard to his history. Head aching intensely; skin hot and dry; pulse 110 quick and rather hard. He was bled from the arm at once to the amount of sixteen ounces. His pulse gradually became fuller softer, and less frequent, and the head symptoms were somewhat relieved.

The coagulum formed by the blood taken from his arm did not present the buffy appearance; was remarkably firm, and consistent though small. The serum was in an unusually large quantity, and was of a yellowish tinge. — There was much tenderness upon pressure of the stomach. To remove which, directed a blister to be applied over the seat of tenderness. And

ordered him to take Blue Mass grs: iv. ter die. Also Quinae Sulphas grs. x. every two hours, and directed his head to be shaved, and cold applications be made continuously to it. The Blue Mass was directed to be continued till his gums were touched with a view to its relieving the torpid and congested liver and producing its peculiar alterant influence on the system. The Quinine was given as an antidote to the malarious poison, the cause of the disease.
Sept. 15th. Seems rather better this morning; mind clearer; less stupidity; tongue still dry and brown; pulse full, weak, compressible. 120. His extremities being cold ordered sinapisms to be applied to them. Being excessively weak, and strength apparently failing, ordered him small quantities of whiskey to be taken through the day.
16th: Tongue more moist this morning; pulse fuller and stronger, bowels open; is beginning to improve. Continued the same treatment.
17th: Found him this morning slightly ptyalised. Stopped the Blue Mass. His pulse is

less frequent and rather stronger; tongue beginning to clean itself at the tip and around the edges; is much better. Attention was called to an ominous feature in his case, an abscess of the left parotid gland. Decided it to be poulticed. Diminished his dose of Sulphate of Quinia to five grains per die.

18th. There has been a marked improvement in his case, his pulse is fuller, much stronger and regular 88; Sat up in bed a while. Lanced the parotid abscess internally, that is, within the mouth, which was followed by a discharge of pus. Decided it to be poulticed again, and continued the Quinine and porter to support the system under the exausting drain from the abscess.

19th. To day his face is enormously swollen, left eye entirely closed. Lanced the abscess externally just over the parotid which was immediately succeeded by an immense discharge of pus. Complains of no pain; has no fever; bowels regular; appetite good. Same treatment continued.

20th. Stated that he slept well last night, and

expressed himself as feeling "much better". No febrile symptoms; pulse full and quite strong, tongue moist and quite clean; bowels regular. Decided hopes were entertained of his speedy recovery. He is much emaciated, however, and quite anemic for which ordered him. He has brought of Cod liver oil in his pocket to die.

21st: No marked change in his case to day, except that the swelling of the face had greatly subsided; discharge still profuse; doing well. Treatment unchanged.

22nd: To day we were much surprised to find him sitting up in bed and leaning forward, breathing with great difficulty and showing great distress of countenance, and anxiety.

He was taken, thus he stated, about 9 o'clock last night. Complained of acute pain in the breast, and constriction of the chest. Auscultation revealed the sad story in a moment. Large mucous rales were heard all over the chest indicating general acute Bronchitis of both lungs. Contracted, I suppose, by imprudently exposing his body, while he was

in that exceedingly debilitated and relaxed condition, of the system brought on by the violent attack of Bilious fever, and the subsequent enormous drain from the abscess. His pulse was very small and intermittent, tongue very bad coated, respiration hurried and difficult. Directed him to take of Antimon. Potass. Tart. grs. ij

Syrup Squill ℥ij
Carb. Ammon. ʒj.
Aq. Fluvial ℥vj. one tablespoonful every two hours, as a stimulant expectorant.

Also. Syr. Ammoniac. ℥ij
Oleum Ricini ℥j
Chloroform ℥ss.
Ol. Terebinthin ℥ss. as a liniment to rub the chest and back with, as a speedy counter irritant. Continued the Quinine, Cod liver oil and Porter to sustain the system. The chances for saving his life were now considered small.

23rd. Died this morning about 9 o'clock.

A post-mortem examination was made, which revealed inflammation of the bronchial tubes with

the exception of the finer ramifications. The lungs were completely drowned by the mucous secretion. The adjacent portions of the pleura were inflamed, also which was the cause of the acute pain, and some adhesions had taken place.
The lungs were hepatized or slate colored which is characteristic of bilious fever, not only superficially but all through its structure, but not much enlarged or softened, spleen softened but not much altered in size.
The kidneys were very pale, due I suppose to the interruption of the circulation of blood through them by the immense secretion of mucous blocking up the air cells and bronchia, preventing the ingress of air and by compressing the blood cells preventing the flow of blood.
Thus this patient died of hypostatic congestion of the lungs, the parotid abscess acting as the exciting and bronchitis the immediate cause of death. I think however this patient would have recovered, but for the supervention of the remarkable rabid frenzy of the bronchitis.

No. III.

Jno. McClennan, a native of Ireland aet. 50 occupation Teal of a wagon, was admitted into the Alms House September the 18th. 1853 with severe dysentery. Had frequent dejections of blood and mucus, considerable tenesmus at stool, some febrile excitement, pulse full quick and hard, great pain in the head or rather lightness and giddiness, tongue coated and dry, of a yellowish bilious appearance, great tenderness over the tract of the colon upon pressure. Bled him from the arm to the amount of exhaustion with the effect of quieting the pulse and relieving the headache somewhat. Blistered a blister to the abdomen & blistered the stomach.

Also Aromat. Syrup Rhei
Oleum Ricini } āā ℥ij
Tinct. Opii
Pulv. Acaciae } āā ℥ij
Aqua Camphor. ℥vi. One tablespoonful to be given every three hours till the evacuations become fecal. Then stop it, and give a teaspoonful of Paregoric after each operation.

20th. Found this morning that the dysentery had been checked effectually, but he was

taken with a chill last night about 11 o'clock which shook him severely, followed fever and sweating. He states that he never had a chill before. Put him on Quinidine grs. ii every two hours; and stopped all other treatment. He is very much debilitated, is despondent, and thinks he will "die very soon".

22nd. Stated, that he had another chill last night which occurred about 8 o'clk. much milder, however, than the first. Thus it was of the tertian type and antici-pating. Continued the Quinidine. Bowels constipated, ordered Oleum Ricini ℥j.

24th. Missed his chill - Stopped the Quinidine of which he took, in all grs. xxxvi. He had only one paroxysm after commencing the use of it and that was milder than the first. Pulse good; appetite good, sleeps well, and expressed himself as feeling quite well.

25th. He has been under no treatment since the 24th and to day was discharged cured.

No. IV.

Frederick Faust, aet. 16. a German, was admitted into the Alms-House September 11th. 1855. with Intermittent Fever. Gave as his history that he had chills during the two last weeks. The first week, they occured every day, in the last week every third day neither anticipating nor postponing; chills occurring in the morning. Tongue dry, and of a brownish yellow colour; vertigo, and general debility.

Gave him an Emetic of Ipecac Gr. XL. in two doses ten minutes interval. After vomiting him put him on Quinidine Gr. ii. every two hours.

13th. Missed his chills. Stopped the quinidine of which he took sixteen grains in all, and directed him to take a teaspoonful of the Compound Bark Powder ter die. Given as a tonic he being very pale and anemic.

Upon pressure over the region of the spleen discovered that that organ was very much enlarged. the dulness upon percussion extending from

about the tenth rib through the left lumbar and left iliac region. This enlargement of the spleen seems to be almost peculiar to miasmatic fevers, in fact miasmata seems capable of producing disease of this organ by an immediate influence. But the principal cause of the enlargement is the congestion which takes place during each chill, the blood retreating from the capillaries and stagnating in the spleen and this being increased at each paroxysm, having been unable to entirely disgorge itself of the first mounted burden at length becomes permanently enlarged. To remove this enlargement directed a large blister to be applied over the region of the organ, and Blue Mass grs. v. to be taken at bed-time, with a view to its alterant, and rubefacient effects.

17th. Spleen still greatly enlarged; bowels freely moved by the mercurial cathartic.

18th: Complains this morning of inability to pass at stool; goes very frequently; there is some tenderness over the tract of the Colon; a decided disposition to dysentery. Directed the Bark powder to be stopped, which was most probable the agent that produced this irritable state of the bowels, and Paregoric to be given him whenever there was a disposition to go to stool.

19th: Found him this morning having frequent discharges of blood and mucous, with an incessant desire to go to stool; great tenderness of the abdomen and tenesmus.

Ordered Aromat. Syr. Rhei
Oleum Ricini } āāz ij
Tinct. Opii ...
Pulv. Acaciae ... } āāz ij
Aqu. Camphorae ℥vi.

A tablespoonful to be taken every three hours, with the direction that as soon as fecal evacuations occurred to stop

this compound mixture and give Paregoric ℥j. after each operation.

20th. To day there are no dysenteric discharges, the evacuations natural, and not very frequent. Continued the Paregoric.

21st. The dysenteric stools have recurred, stopped the Paregoric and directed injections after each operation.

℞ Argent. Nitras grs. ii
Plumbi Acetas „ iv
Tinct. Opii ♏ xiii
Aqu. Amyli ℥j.

22nd. The dysentery has been promptly checked by the astringent injections. Has had only one dejection this morning and that natural. Complains of no pain, but there is still some tenesmus.

24th. To day there is great tenderness of the abdomen, which is also hard and tympanitic. Says he has up frequently last night and three times this morning, some blood being mixed with the evacuations.

Ordered him to take of

Mist: Cret: Prep: ℥vi.

Imct: Opii f ℥ij

" Catechu f ℥ij a tablespoonful after each operation.

26th: Dysenteric discharges still unchecked and patient greatly debilitated. Stopped the above prescription, and ordered;

Tannin Grs. xxxvi }
Plumbi Acetas " xxiv. } M ft. pulveres xii.
Pulv: Opii " ii } One to be taken, every three hours.

27th: Better to day; Stools once more becoming fæcal. But another formidable disease has succeeded the obstinate dysentery: to wit general dropsy, dependent on congestion of the portal system and of spleen. To combat this last a fortnight he was ordered Vallets Mass Grs. ii.

Quinine Sulphas " ii
Digitalis " 1/6. to be taken every two hours.

28th: Dysentery entirely checked. Stopped

the astringent remedies, and directed treatment to the anasarca alone. Patient complaining that he does not micturate freely. Directed him to take of Spiritus Aethereus Nitrosus ℥ss. ter horae. Swelling unabated.
29th: The dropsical effusion considerably increased. Ordered

Hydrarg. Chlorid. Grs. ii
Antimo. Potass.-Tart. " 1/12
Vallet Mass " ii
Quinae Sulphas " ii
Digitalis " 1/6. One to be taken every four hours. The indication for the Calomel being to relieve the excessive congestion of the liver and spleen.
Oct. 2nd. Dropsy undiminished; passes very little water; and that, he said, with pain. Directed a hot poultice to be applied over the region of the bladder; and combined Squill. Gr. i. with the above prescription.
4th: Abdomen very tympanitic; passed very little water. - introduced the catheter, and found the bladder nearly empty.

Thus the accustomed amount of fluid thrown off by the kidneys, daily, was now all poured out into the system at large.
The ascites greatly increased; some tenderness being perceived on pressure over the region of the kidneys, I decided a blister to be applied to the part.
5th: Found him much improved this morning; passes his water quite freely, though there is as yet no sensible subsidence of the extension. Continued the same treatment.
8th: Progress rapidly returning, micturates freely; bowels regular: is taking flax seed-tea with the other diaphoretic remedies; recovering rapidly. I lost sight of him after this, but I am informed by the attending physician that he convalesced rapidly and was discharged on the 16th. of the same month.

No. V.

Samuel Kucker, aged forty years; a labourer; was admitted into the Alms House June the 22nd. 1855. with Erysipelas of the head, and face. His features were totally disfigured, by the swelling; suppuration very great; vision of the right eye obstructed by the swelling and effusion of pus into it; pulse slightly accelerated.

He was ordered Sulph: Magnesia ℥ss. to cleanse the bowels, and Tinct: Chlorid: Ferri. Gtts. XXV. every three hours, allowed him ordinary diet. This treatment was continued till July the 2nd, at which time complaining of no pain, no headache, and as the erysipelatous inflammation had entirely subsided, the dose of the Iron was diminished to ten drops. He sleeps well; bowels regular; appetite good; July 6th: Discharged cured.

Now, what the cause of this particular form of disease erysipelas in this man was, I am unable to divine. But the books tell us, that Erysipelas may arise from

numerous causes such as the extremes of heat and cold; excessive fatigue &c.&c. provided there be possessed by the individual a certain something else, an erysipelatous diathesis, (which in my humble opinion is medical slang) which predisposes him to this peculiar form of inflammation.
This leaves us where we commenced, inquiring the cause of the disease. And so when we come to inquire into the rationale of the treatment of the disease in question.— We saw that twenty five drops of the tincture of Chloride of Iron given three times a day entirely dissipated the disease in a few days. Why? Until we are furnished with some more tangible causes for the existence of the particular disease, we can only answer that the iron, in a way peculiar, exerts its peculiar influence on the peculiar diathesis that gives rise to the peculiar disease, or in other words that we dont know. The treatment is purely empirical.

No. VII.

Godfrey Geist, æt. 37. a German, was admitted into the Alms House September 22nd. 1855. He stated that he had been working on the Annapolis Road for some time. Had chills every day for several days, and fever almost constantly. Tongue dry and coated with a dirty yellowish fur; skin hot and dry; pulse full and bounding, vertigo, headache and great uneasiness; eyes dull and the vessels of the conjunctiva injected; complexion yellowish, bilious; pressure on the stomach revealed considerable gastritis.

From the above symptoms, his case was diagnosed as one of Bilious Congestive Fever. He was ordered Calomel grs. VIII, both as a purge and to act on the engorged liver. Directed six cups to be applied over the scapular region, and injections of Quinine grs. xx. every three hours. The latter medicine could not be administered by the mouth on account of the intense gastritis. Directed warm

to eat ice plentifully through the day.
26th: There has been no improvement up to this time; gastritis still very intense - directed a blister to be applied to the epigastrium, and the injections to be given more frequently.
27th: He is better to day; the blister drew finely relieving the acuteness of the gastritis somewhat. Treatment unchanged.
28th: Found him to day great deal worse; tongue dry and furred; pulse rather full, frequent and soft; greatly prostrated; in fact the disease is assuming a malignant character. Stomach still very tender upon pressure, but this was disregarded and directed him to take Quinine grs. x. every three hours; a blister to be applied to the back of the neck, and afterwards dressed with mercurial ointment, in order to salivate him as speedily as possible. Gave him Calomel in small doses internally also. His bowels are quite loose.

29th: To day found him somewhat better, though mistake he was blistered a second time over the stomach instead of applying it to the back of the neck. Gastritis greatly relieved, however.
30th: Diminished the dose of Quinine to five grains every three hours; slowly improving.
Oct 1st. Found him not so well to day; complained of headache, vertigo, no appetite, bowels are very loose. ordered Compound Chalk Mixture after each operation. His gums are slightly touched.
8th: To day found him quite well. He has continued to improve quite rapidly up to this time. Countenance brighter; complexion clearer; tongue quite clean; pulse full and regular; appetite improved, in fact all the symptoms prognosticated a speedy recovery.
He remained in the Hospital till the 20th when he was discharged cured, as I learned from the attending physician, I did not see him after the 8th: Was under no treatment however, except a simple tonic.

No. VIII.

John Sets, a native of Germany, was admitted into the Alms House September the 12th. 1835. He was both dull of hearing and dull of comprehension, and consequently we could glean but a very imperfect history of his case from him. By dint of considerable perseverance and some ingenuity however we managed to extract from him the following statements, to wit, that his occupation had been that of a brewer, that while engaged in brewing he had gotten wet both frequently and remained in that condition for several hours at a time; and that about three months ago he was taken with a cough, mild at first but which had continued to increase in violence up to the time of his admission. Auscultating his chest, then there were discovered a predominance of the moist rales mingled however with the dry all over the chest, the subcrepitant were very distinct and numerous

showing that the inflammation was extensive. Respiration, 32 in the minute, difficult and hurried; expectoration quite considerable, but not very bronchial. Here then, was a well marked case of diffused bronchitis. Upon examining the chest, however, there were perceived dullness in the clavicular region upon the right side, and want of expansion of the chest in inspiration on the same side. Of course these revelations at once excited the suspicion of the existence of phthisis. But bronchitis occasionally simulates phthisis so closely as to render it exceedingly difficult to distinguish between them. In this case there were the unmistakable signs of bronchitis, while some of the most confirmatory signs of phthisis were wanting, such as cavernous rongchus and pectoriloquy. Whenever dullness exists in bronchitis, it generally arises from dilatation of the bronchial tubes, and you most frequently perceive it

in the middle and lateral or in the clavicular portions of the lungs, but in phthisis you find it in the upper portions, and in this case declining only perceptible in the clavicular and infra scapular regions. Here was another indication that phthisis existed.
For want of more absolute signs therefore, the diagnosis was rendered of chronic general bronchitis with the strong probabilities of the existence of tubercles in the right lung. With regard to his family, whether they were predisposed to phthisis nothing could be learned.
He was ordered

Hydrarg. Chlorid.
Ext. Colocynth } āā. grs. viii. hs.

bowels being constipated. Also the following sedative expectorant

Antimo: Tart: et Potas: grs. ii
Hydrocyanic Acid gtts. xii
Aqu. Florum f ℥vi. one table-spoonful to be taken every two hours till it

vomited, then directed the dose to be reduced too least trouble. Ordered a large blister, as a counter-irritant, to be applied over the chest, and six cupes to his back, that is between and over the scapulae.

19th: To day his cough is much less; not as much distress of countenance and anxiety, pulse regular, 92. Respiration 32 but not quite so difficult. The subcutaneous rales are still more extensive. The emetic did not vomit him but produced some nausea. Omitted the prussic acid, and ordered 1/4 of a grain of Tartar emetic every two hours; with the direction that if it weakened him too much, to resume the first doses, 1/6 of a grain. Also directed him to take of

Hydrarg: Chlorid: grs. ii.
Nit: Potass: " v.
Pulvis Antimon: " v. one every two hours. Given with a view to the production of the secretions from the skin and liver.

20th. This morning his pulse is 80. tolerably full and frequent; respiration exceedingly hurried and difficult 40 in a minute; expectoration profuse obtuse and flocculent; complains of great pain in the breast; tongue dry and yellowish. All the auscultatory signs of diffused bronchitis are distinctly marked by dry the subcrepitant sonorous and sibilant rales. Stopped the Calomel as his gums are slightly touched. Cough is very violent.

22nd. Seems much more comfortable this morning. Respiration not so laborious or frequent, being reduced to 28. Pulse 92. regular. Ordered 1/3 of a grain of tartar emetic every hour till it nauseated. His system seemed to resist obstinately the influence of the medicine. Complained of his arms being sore; directed to wash them with Labarraques solution of Chlorinated Soda. Continued the same treatment.

24th: Found him much worse this morning; breathing difficult and hurried; pulse 96. frequent and feeble; great distress and anxiety. For the first time since his attack, were discovered to day, cavernous ronchus only when the patient coughed, however, and pectoriloquy. There was also increased dulness upon Percussion demonstrating beyond the possibility of doubt the existence of a cavity in the right lung. He is much emaciated, hectic, eyes seem to possess an unusual brilliancy to day; no appetite. Ordered him Cod Liver Oil a teaspoonful ter die, and a bottle of Porter. Continued the other medicines.

His death doom was considered sealed; its stamp was already strong upon his brow.

25th. To day there is less excitement of the vascular system. Respiration, more quiet. 30. Treatment, unchanged.

28th: Cough exceedingly troublesome. Complained of pain in the breast.

Ordered him

Antimon: Tart: & Potass Gr. i
Hydrocyan: Acid Gtts. xii
Liq: Sulph: Morph: ℥j
Ext: Glycirriza ℥j
Aqu. Fluvalis ℥vi. a table spoonful to be taken when the cough is troublesome. Same treatment continued.

29th: To day expressed himself as feeling much more comfortable. Respiration 24. much less hurried and less difficult; complains of no pain; cough very little.

Oct. 8th: There has been a marked change in his disease. All the symptoms are greatly aggravated. Complains of great pain, cough and restlessness. Expectoration abundant and exceedingly purulent and fetid. In examining his chest, which caused him a great deal of pain, discovered increased dulness and vocal tremor. Cavernous respiration now very distinct, and still subcrepitant rales over both lungs;

I saw him no more after this, but was informed by the attending physician, that he lingered under the same treatment till the 28th of October when the grave asserted its victory.

The autopsy revealed cavities in both lungs, the right, much more extensively diseased however than the left. The mucous membrane of the bronchial tubes was inflamed and thickened and lined with pus. These were the most prominent pathological lesions quite enough, however, to explain the sad result. The most interesting point in this case was the extreme difficulty in detecting the existence of phthisis, though it is pretty certain that the bronchitis supervened upon the aforesaid more formidable disease. So violent was the bronchial disease and extensive that it was not until after the most active treatment, and the lapse of several days that the existence of tubercles could be demonstrated with absolute certainty.

No VIII.

Maria Holmes aet. 15. a native of Baltimore was admitted into the Alms-house Novr. 13th. 1835, with obstinate pain in the head and back of which she was cured. She was then made assistant nurse in the Lying-in Room where she remained until February the 4th. when complaining of acute pain in her right side, and breast with some cough she was transferred to the Hospital and six cups were directed to be applied over the seat of pain - a Dovers powder grs. x. was given her at bed-time. Feby 5th: Complains this morning of acute pain just under the left mammary gland, tenderness upon pressure over the stomach and stated that she had had the previous night bloody dejections, and had also vomited some blood. Upon further inquiry into her history I learned that her menstruation had ceased for two months, which induced me to suppose that this hemorrhage was vicarious to the menses.

Ordered her Mag. Sulp. grs. xxiv.
Pulv: Opii " iij. } M. ft. Pills xij. one to be taken every two hours, and a hop-poultice to be applied over the stomach for its derivative effect - directed six cups to the left side to relieve

the acute pain of which she complained.
Feby 6th: Stated that she had been unable to sleep the previous night; had no more vomiting, however, nor bloody dejections, but she now complained of violent pain and tenderness in the hypogastric region; difficulty and pain in micturition, and inability to pass the usual quantity of water; nausea and vomiting; pulse frequent, but not strong. Evident signs of Cystitis - Leeches were directed to be applied over the region of the bladder, and a warm hop poultice to be afterwards applied. The Catheter was introduced, but not much water was drawn off. The Blue Mass and Opium were continued - increasing the former to six grains every two hours. She also complained of pain and tenderness in the mammae, and she then informed us that she had been married some three or four months - Thus the signs of the "bolted apple" were becoming manifestly apparent.
Feby 7th: To day all signs of inflammation of the bladder have disappeared, no obstruction nor pain in micturition, but now complains

of lancinating pain between the shoulders and headache, and a choking sensation in the throat as if "something like a ball were trying to escape through her mouth". The true nature of the disease now became manifest. Hysteria that wonderfully protean malady had proved this time "too much" for our medical acumen. We had been literally "led a dance" But the "secret foe" being now known, our batteries were turned with confident hopes of victory against the real enemy. The Haematemesis, the Cystitis, the violent headaches and excruciating pains, all were purely imaginary but so accurately simulated as to deceive all who saw her.

She was ordered Mist Asafet. ℥ iss
Spts. Eth. Nit.
Tr. Ammon Valer. } āā ℥ j.
Mist Rem Compos.
Mucilage Acac. ℥ ss. - a tablespoonful to be taken every three hours.

To night the happy effects of the asafetida are very perceptible. Has no tenderness over the stomach, passes her water freely and without pain and merely complains of pain in the head, and weakness.

craved salt-fish. I stopped the Blue Mass and Opium but continued the Asafetida.
Feby 8th. Found her better this morning. Was surprised to find her gums slightly touched, as I supposed by the Blue Mass I had ordered her. But the Nurse informed me that two or three days previously she (Maria) had obtained a box of Ung. Adg. Hij, which had been ordered for the purpose of destroying vermin, and like all young girls of "sweet seventeen" being fond of adorning and beautifying herself to the best possible advantage, conceived the illustrious idea of fancying this box of Mercurial ointment to possess virtues rivalling the best "French Pomade", and thereupon, quietly proceeded to saturate her flowing ringlets with the lustrous unguent till it was all consumed and her glossy curls presented that peculiar polished appearance an expert stove cleaner knows so well how to give an old stove.
I would humbly submit that this be recorded as the culmination of an hysterical imagination. After the recital of this history I felt myself exculpated from the crime of having

produced ptyalism, an occurrence in the majority of cases greatly to be deprecated, and particularly so in a case of pure hysteria. La Barraques solution was ordered as a wash for her gums.
Feby 9th: Complaining of headache, dimness of vision, a feeling of "stiffness" about the eyes; pain between the shoulders, & breast with cough; pulse rather hard and frequent, expectoration very profuse and consistent. These symptoms induced an auscultation of her chest — nothing abnormal was discov'd however, except rather increased respiration on the right side. Not wishing to be deceived farther by my hysterical patient I prescribed nothing to meet the pectoral symptoms, but continued the great anti-hysteric remedy, Asafoetida.
Upon visiting her to night, I found her lying on her back breathing, apparently, with difficulty; eyes half-closed; pulse frequent and full, and I was unable to arouse her either by calling or by shaking her, and yet withal it seemed that her present condition was somewhat under the control of her will. She remained in this condition about twenty minutes when consciousness slowly returned,

and, after gazing about her vacantly for a few moments responded to my questions. The convulsion lasted about half an hour.

Feby 10th: To day complains of no pain whatever, no tenderness of the stomach, no headache, no cystitis, no cough, nor expectoration, nor pain, and expressed herself as feeling quite well with the exception of a slight giddiness and a sense of weakness. both due to the active treatment she had sustained for only imaginary diseases.

The above case possesses peculiar interest from the fact of the easy manner in which the young practitioner (often the most experienced physician is deceived) by this curious disease. What was the real cause or what the true pathology of the hysteria in this Girl I can only conjecture. Whether the seat of the disease lay in the brain, as some maintain it always does, or in the Spinal marrow as others assert, or in the uterus, as a large majority believe I cannot positively determine, but I think the balance of probabilities is in favour of the supposition that the uterus was the seat of the disease in this case, and the remaining organism becoming sympathetically affected

Inaugural Dissertation

on

Dysentery,

Submitted to the Examination
of the
Provost, Regents, and Faculty of
Physic,
of the
University of Maryland,
for the
Degree of Doctor in Medicine,

By
Alexander Montrose Brooke,
of
Prince George's County,
Maryland.
1856

It is not to gratify desire, but to comply with a law of the University of which I have the honor to be a pupil, that I attempt the task of writing an inaugural dissertation, knowing my inability to add any thing which may be important to any medical subject upon which I may write. — It will be superfluous to ask of my distinguished teachers to peruse these pages with the eye of partiality, as they know so well the difficulty which a student would encounter in attempting to give any thing original upon the subject of medicine: owing to his want of experience on one hand, and on the other, the fact of his traveling in a path

which has been occupied by so many distinguished "Masters in the profession", before him. — In attempting, however, the discharge of this duty, it will gratify my feelings to offer the tribute, of my thanks to the Professors of the University of Maryland individually and collectively for their unwearied exertions to impart the many lessons which their wisdom and experience have enabled them to cherish up and to offer as teachers to those who come under their professional tuitiage:- and when in after life my sphere of action will be "to heal the sick": while I experience the advantages which I have received from able teachers, I shall realize the pleasure of observing the advantage to my patients of the important information which I have received within the time honored walls of the University of Maryland. — I propose to offer my remarks upon the subject of

Dysentery. —

Dysentery is a disease which attacks individuals of all ages and classes of society: although those are more liable to it who are most exposed to the vicissitudes of climates, and who are badly fed and clothed. — Irregular habits predispose to this disease. — In warm climates, it is found that strangers suffer more than natives. — Upon examining the records of many writers, it will be found that the disease is fatal during every month of the year: therefore it must occur in all kinds of weather. It is more peculiarly a disease of tropical climates: although we often see it in other situations, yet it is neither so prevalent nor so fatal: it also seems to depend upon the same exciting causes as fever. — Although diseased secretion of bile may produce both diarrhoea and dysentery, yet the diseases ought not to be so invariably imputed to this cause. — Symptoms of acute Dysentery. — It commences like a common diarrhoea,

with griping pains in the bowels: frequent calls to stool; with an irresistible desire to strain on it: the evacuations are sometimes fluid and copious; with the usual fever: at others scanty and whether copious or scanty there is occasionally seen, particularly in this country, some hard scybalous matter with mucous, sometimes streaked with blood and very fetid. — In warm climates it is rare to see scybala: when there is feculent matter, it is very watery. —
After stool the patient feels more or less relieved, but soon another paroxysm of pain frequently amounting to what has been denominated "tenesmus" takes place, and he may have a great many such attacks during twenty four hours. — In this country, for the first few days, the heat of skin is not much increased, neither is the pulse accelerated: the tongue is loaded, and generally red at the tip: the thirst is urgent: there is loss of appetite, considerable prostration of strength and depression of spirits. After the

Lapse of two or three days, more or less the patient complains of fixed pain in the hypogastrium, and in one or both iliac regions, which sometimes becomes very distressing; it is increased by pressure, and I have been able to trace it, on many occasions, all along the tract of the colon, — Sometimes there is universal heat of skin; at others, the abdomen only will feel warm to the hand, while the rest is cold; and the patient may complain of frequent rigors. The evacuations from the bowels; at first frequent and copious, now become more frequent and scanty; consisting entirely of mucus, or mucus mixed with blood; or they may still be watery and slightly tinged here; and there; or they may have the appearance of dirty water slightly tinged with blood; with now and then a little scybalae. The stools become more and more disagreeable in odor, till at length an experienced-

person will be able to recognise the smell to be dysenteric upon first entering the room. — The tenesmus is more distressing, together with a cramp-like feeling in the thighs and legs, which is relieved after each evacuation: it is with difficulty that the patient can be persuaded to leave the stool to lie down in bed. — The secretion of urine is frequently suppressed, and the patient suffers a good deal of pain from that cause.

Thirst increases: cold water is preferred; from which the patient cannot refrain: although he knows it is not good for him, the tongue is more loaded and florid: or it has by this time become dry and glazed: the skin is either parched or covered with copious perspiration: which in most cases does not appear to mitigate the symptoms: although some relief is experienced in slighter instances; When

the skin is universally hot and parched, the pulse in general will be found quick, full, and bounding, but when the extremities are cold; it will perhaps feel weak and thready: yet, in some instances, the pulse is not much changed from its natural state, neither are the other symptoms troublesome: till within twenty four hours of death.—

Sometimes the patient preserves some degree of appetite for few days; but in the course of two or three hours the articles of food are passed by stool in an undigested state.

The patient emaciates quickly: the desponding increases; and as the disease advances: his bodily weakness increases; till at length he unable to obey the frequent calls to the stool.—

He lies upon his back unable to move, and at length passes his stools involuntarily, which appear as if mixed shreads of membrane, and occasionally

resemble pea soup, and sometimes are like pure pus; or they still continue to consist of mucus, more or less tinged; the bowel is constantly in a state of protrusion and the pain which emanates from the patient is almost intolerable. —

Symptoms of Chronic Dysentery. —

Patients are affected with fits of griping about the umbilicus, like colic, which are followed quickly by an irresistable desire to go to stool, when a great deal of flatus is discharged, along with an evacuation which is sometimes of a dirty brown fæculent matter, sometimes much darker in color; at others it is greenish or yellowish; and occasionally the stool looks greasy, or resembles thin gruel; sometimes like rice water, or water in which a small portion of white clay had been diffused; sometimes there is only a sense of weight in the abdomen, and very acute pain is felt on pressure, in the course of the colon, but more particularly in the situation caput cæcum. —

After each

paroxysms of pain: and subsequently, the patient enjoys a longer or shorter
[illegible] of ease, unless he be scald about the anus. —

The skin becomes parched, and the fever increased; the appetite is impaired in some cases, while it remains good in others; but the patients will be observed to be more after a moderately full meal, and occasionally there is nausea. —

Thirst is a pretty constant companion. The tongue presents various appearences, sometimes loaded, the fur being of a yellowish color; at others loaded in the centre, and reddish at the tip; sometimes rough, and often red, raw looking and quite smooth as if glazed. —

After these symptoms have continued from two or three to fourteen days; the stools are found to consist of a whitish mucus, frequently mixed with undigested food, and are almost always passed with considerable straining; the tenesmus increased, borborygmus is troublesome; the patient

loathes food more and more; nausea is more complained of, and bilious vomiting occasionally takes place; thirst increases; as well as debility and emaciation; hiccup is often troublesome; — and the pulse becomes quicker and quicker: gradually losing its strength, and skin looks sallow: at last death takes place. —

Treatment. —

The same plan is to be pursued as in severe cases of diarrhoea. — The body is to be sponged with warm water; and as we are anxious to get rid of any offensive matter that may be in the bowels, in the first place, an ounce and a half of Castor Oil is to be given, with 20, 30 or 40 drops of the Sedative Solution of Opium: but if the stomach is too irritable to bear the oil, Calomel with a small quantity of Opium, is to be given in pills every second or third hour, till fecalent evacuations is procured, assisted by a large injection of warm milk

and water, or thin gruel: or small doses of Salts may be given by the mouth, and repeated at short intervals. —

It is wrong to suppose, that in all instances of dysentery in this Country, there are hardened feces lodged in the bowels: but as this is sometimes the case, and certainly more frequently than in warm climates, the plan above recommended should in the first instance be adopted. —

This points out the necessity of a careful Examination of the alvine Excretions. — If, however, a patient have considerable griping and tenesmus, hot skin and quick pulse, although it may not be particularly strong, it will be right to bleed him, especially if there be pain on pressure; & perhapse it will be safest to draw blood before the laxatives are administered. —

In general one good bleeding will suffice; but the alterant interposition of Mercury is the great, and generally Effective, Means of arresting the structural

lesions that occur in severe cases of dysentery.— The profession is tempted, of late, to overlook the well established reputation of Mercury in such attacks; but the concurrent testimony of the past should not be disregarded, and in our treatment of dysentery we should always remember that there is no practice so well authenticated as the mercurial.—

In the administration of Calomel in this disease opium should be conjoined after the more immediate inflammatory stage has abated.—

Local bloodletting in the acute stage should never be omitted. A large blister, after the subsidence of the more acute stage, I have seen of signal benefit, but such a mode of counter-irritation subjects the patient, very often, to great distress, from the frequent demands made by the disease upon his change of posture.—

Application of a warm

Stimulating kind, such as Whiskey or Spirits of Turpentine applied warm with flannel, give great relief.—

The attendants should be particularly cautioned to watch the the heat of the Extremities and apply bottles of hot-water when necessary.—

In the excellent Clinical Reports with which Drs Stokes & Graves have favored the Profession, it is stated, Strychnine, in doses of one twelfth of a grain, given in a pill twice was found useful.—

They tried this remedy on the authority of a paper by Doctor Rummel, inserted in Hufeland's journal; and it is also recommended by Dr. Mittenberger when the discharges are of Whitish or albumenous character, and I think on some occasions the remedy has been tried at the Baltimore Infirmary.— and found Exceedingly beneficial, even in cases where there were most extensive—

Ulceration in the bowels. — It succeeded after every other failed. — I have also seen beneficial effects from the Acetate of Lead, given in 2 or 3 grains doses several times a day. —

Sulph Cupri has also been used in the substitution with good effect, I have seen it given, and can speak favourably of the result. —

The sufferings of patients are often much aggravated by flatulent distention of the intestines, which may generally be relieved by Spts Turpinth or Asafoetida injections. —

During convalescence, the greatest attention must be paid to diet, clothing and exercise. —

Treatment of Chronic Dysentery. —

It must also be recollected, that no case of dysentery is to be regarded as altogether hopeless, from the recoveries which have been effected; ~~and from the~~ ~~[illegible]~~

It is rare in chronic dysentery that we shall be called upon to take

An Inaugural Dissertation
on
Yellow Fever,

Submitted for Examination
to the
Medical Faculty of Hygiene
of the
University of Maryland.

For the Degree of
Doctor of Medicine

By

Silas Marion Chubaid
of
Baltimore
Maryland.

February 14th 1856.

the history. Yellow Fever is an acute disease, attacking all classes, occurring for the most part in warm climates, though not entirely confined to them; but when invading temperate climes, making its appearance during the warm season. Some writers declare that an average noon temperature of 75° Fahr. is requisite to its production; it is well known that a hard frost will put an end to its ravages. Its onset varies in different individuals, sometimes slow at other sudden; usually accompanied by a decided chill, with generally acute pain in the back and limbs, commencing in one of the extremities sometimes; and one account speaks of it as persistent in the penis. Febrile symptoms then set in accompanied by these pains. Pulse quick, possess or bubbling; heat of skin slightly increased, but not as marked as in other continued as in other continued fevers. Eyes injected of a fiery aspect, tongue moist, pointed red at the tip and edges; there is also loss of appetite, and increased thirst. Haemorrhages

sometimes take place from the mucous membranes of the mouth nares and anus, In this the first stage of the disease, there is nothing to distinguish it from an ordinary attack of fever, except the yellow suffusion of the skin, which sometimes occurs in this period. In mild cases convalescence follows; but in the more severe after the first stage has lasted from two to three days, there comes on a period of deceptive calm. The patient feels comparatively little or no pain, and will sometimes get up and walk about. This the second stage is of variable duration, from 24 to 36 or 48 hours. The patient then sinks; his pulse becomes feeble and irregular: he experiences a burning sensation at the epigastrium, and right hypochondrium. A yellow suffusion of the skin takes place, owing to the presence of biliary matter in the blood, arising from the suspension of the hepatic secretion. There is also considerable thirst, but the sufferer refuses to drink largely, as that irritates his stomach. Nausea and vomiting, if not as yet present, now come on; the matter ejected being of different appearance in different cases; in some, white

acrid, interspersed with white flocculent mucus, in others, of a dark brownish black, having a sediment resembling coffee grounds, which appears on allowing the matter to stand. The patient becomes rapidly prostrated, the pulse imperceptible the extremities cold; an a state of collapse comes on ending in death.

This is a description of an ordinary case of Yellow Fever as frequently met with. But the symptoms are so various, so seldom found united in any one individual, ~~that~~ it is impossible to give a type case of the whole. The imperfect account we have given however may serve to convey some idea of the ~~which~~ disease.

According to the character of the attack, writers on Yellow Fever divide it into three grades, the mild, the inflammatory and the malignant. The mild form is marked only by the febrile symptoms, passing into convalescence. The inflammatory is marked by a higher grade of fever, Delirium occasionally comes on and is sometimes violent, while the eyes are congested and wild, and the skin discolored in many

exp no appearance of danger. The patients may even walk about and attend to their ordinary avocations, until the fatal black vomit appears. This malignancy was remarkably shown in a case occurring in the practice of a physician of this city, (Dr. W. C. Vanbibber) during the past summer. A middle aged man came from Norfolk on a Tuesday in August last. He had been very much exposed to the poison, but up to the time of his arrival, had continued well. On the succeeding Sunday, he retired at night to his room; and on his mother going to see him in the morning, she found him lying in bed perfectly yellow. A Physician was immediately sent for. The doctor saw his patient at 8 o'clock. He was then almost pulseless and his extremities cold. Notwithstanding this, he declared he felt well; but acknowledged, on questioning, some nausea. He raised himself in bed, and the effort brought on a copious discharge of Black Vomit.

Usually in this disease the mind is unaffected,

if we except the strange apathy manifested, especially in grave cases, in regard to their condition by the sufferers. This is however not always the case. Towards the end of fatal cases, the mind becomes confused, as in the instance first narrated, in which the patient had no correct idea of time. Delirium and coma are also present, there being a strong tendency to the latter in malignant cases. In all three forms the digestive canal is disordered; the appetite is gone, though it returns much sooner in this form of fever than in others. There is persistent thirst, but the patient does not drink largely from the amount of pain produced at the epigastrium by so doing. The tongue is moist, covered with a white fur and red at the tip and edges. In the collapsed stage it is dry and cracked. There is obstinate constipation requiring purgatives and enemata. There is also derangement of the urinary apparatus; in grave cases there existing suspension of secretion. The venereal appetite is said to be increased.

Pathology. Frequently after death from Yellow Fever, the brain and spinal cord are found congested, and the arachnoid and ventricles contain a yellow serum. Dr Dorize found in one case a quantity of dark blood in the sinuses of the pia mater.
The heart is found flabby, softer than natural distended with fluid blood and the pericardium frequently contains yellow serum.
The lungs are congested, and covered posteriorly with dark spots. This ~~bathe~~ lesion is not peculiar, but oftener found in this disease than in others.
The liver is the seat of an alteration, which Louis considered pathognomonic. This change is both of colour and consistence. The colour is buff- or resembles perhaps that of a dry cake of gamboge paint. This is more marked towards the free edge and to the left,- less so posteriorly and to the right. The consistence is impaired the organ is more friable, exsanguine, The gall bladder is in various conditions in different cases.

In some it is distended, in others empty. Dr. Devèze once found it weighing with the contained bile twelve ounces. Of the real change that takes place here nothing positive is known. Speculation has been busy, and theories abundant. Recently the notion has been promulgated by Prof. Alonzo Clark of N. York, that yellow fever is an acute fatty degeneration of the liver. This view has been advocated by various physicians of this country. Dr. La Roche strongly supports this theory and gives the results of various examinations. At his request Prof Leidy examined microscopically nine yellow fever livers. In all he found oil globules & degenerated cells containing oil. The anatomical characteristics differ in no respect from those of Hobnailed or Phthisical liver. Moreover this condition was found only in those portions discoloured, and was absent from those parts that retained their original colour, a circumstance that argues the dependence of this change on fat.

Dr Riddell of N. Orleans has not been so fortunate. Although he has met with the condition frequently he cannot by any means consider it a constant sign.

The stomach and intestines contain in most cases a dark fluid, depositing on standing a sediment, similar to coffee grounds, and differing in no respect from that vomited during life. In others the stomach is distended with an acrid white fluid. The intestines are not altered in appearance; but the stomach is found contracted, the mucous membrane corrugated, softened mamellonated, and congested. A thick yellowish mucus coats the membrane. In a few cases the membrane has been found here and there separated from the submucous coat, yet entire. The remaining viscera are found merely discoloured by the biliary matter.

Such are the changes found on a post mortem examination. None of them are constant. They vary in severity, and are seldom found combined in any one case. It will be necessary before concluding the pathology of this dis-

ease to say a few words on the Blood and Black Vomit. The Blood.- This vital fluid is altered in this, as in the other continued fevers. Its coagulability is diminished and its colour changed. When drawn from a patient in the early stage, it presents the buffed and cupped appearance of inflammation. But as the disease progresses this brightness of colour departs; the blood becomes darker and more fluid. When coagulating, a process usually occupying a longer time than natural, the crassamentum may be broken down by the least violence. Towards the end of the attack, in fatal cases, the blood seems to become thoroughly disorganized and haemorhages take place from all the mucous membranes.

The Black Vomit. The best theory on this subject is that black vomit consists of altered blood, poured from the coats of the stomach; that coming in contact with hydrochloric acid secreted in that organ, its character is changed to that of the fluid al-

ready described. In proof of this are alleged
1. That it stains a white cloth purple.
2. Bile cannot by any admixture with intestinal fluids be made to resemble it.
3. That it happens in other diseases, e.g. Puerperal peritonitis and acute gastritis.
4. That it can be found in parts other than the stomach.
5. That in some cases the mucous membrane having become separated from the submucous coat; the vessels of the latter have been found filled with this matter. (Dr. R. Jackson - j - 79).
6. The colour can be perfectly imitated by the admixture of the hydrochloric acid of the stomach with a small amount of blood.
7. The skin in some cases secretes hydrochloric acid and this coming in contact with the blood effused on a blistered surface, gives it the appearance of black vomit.
Such are the theoretical and practical arguments put forth in support of this opinion. There are however somany sources of error, that we cannot with certainty ac-

by on all the details. That the basis of Black Vomit is blood is admitted, but it is not so easy to determine exactly the mode in which the change is brought about. The explanation, which I have given, is the most generally received and most in accordance with facts. Having thus described Yellow Fever, its lesions, and given, as far as my brief space would allow, the received opinions with regard to the latter, it may be proper here to introduce the report of a case occurring in the Baltimore Infirmary last summer.

Clinical Report.

John Nickham, sailor, aet. 32, of medium size, hair and eyes dark, skin apparently somewhat do, was admitted on the morning of the 26th July, at 11. A.M. having arrived from Portsmouth but a few hours before. When admitted he was perfectly jaundiced, conjunctiva yellow and somewhat injected. Tongue dry and trembling; when told to protrude it does so with difficulty and

seems unable or forgetful to return it. Sordes on teeth and gums. Has subsultus, and nervous twitching at the corners of the mouth. Eyes generally half closed, and indicating suffering; the expression anxious and puzzled. Great tenderness over epigastrium and right hypochondrium. Pulse weak and quick, varies from 112 a 124. Respiration 44. His mind is confused and flighty, though he can be made to understand, when spoken to loudly. As far as can be ascertained he has been sick three days. Ordered by Dr. Millenberger - Quinine Sulph, gr xx, every 4 hours, If he resist or be unable to take it,

℞ - Quinine Sulph, gr xx
Tinct Opii - gtt xx
Starch water ℥ij - M - as an enema every 4 hours. Also a blister ten inches square over seat of pain. This was given him as soon as ordered, about 2½ P.M. 4½ - Symptoms of nervous derangement very marked, extremely weak suffering much when moved. Had vomited conside-

rably, while I was away, ejecting the matter with considerable some force over the sister who was attending him. The matter ejected was of a dark bistre colour, having settling in it resembling coffee grounds. The sheet was not stained by it, though where the matter had fallen, it had left a patch of sediment - the sheet being moist as if with dirty water for some space around.
7. P.M. Suffering much groaning continually Entirely unconscious, The second injection was given him, and was also retained. It was evident that he could not last long. We left a few minutes past seven, and on returning found he had died shortly after our departure.

Post Mortem appearances,

At 10½ P.M. three hours after death, we prepared to make an examination, of his viscera. The stomach, liver, and spleen, and kidney were removed; and owing to the warm weather, were put by in a pail of cold water. until morning. Dr. Millenberger examined

there next running in presence of the students
The liver was the first organ examined, Externally there was no apparent enlargement; but there was a decided alteration in colour. The whole of the surface was of a yellow leather colour, lighter towards the free edge. When cut into it presented the like hue, varied by the presence of a small amount of blood. The intralobular veins were congested, showing a suspension of secretion, while the interlobular veins were empty. The microscope showed the presence of fat globules. The substance of the liver was somewhat more friable than natural.
The Spleen was slightly enlarged, but not altered in structure.
The stomach, which had been properly closed the previous night, was next examined, & found to contain, about a pint and a half of black fluid, which on standing deposited a copious coffee ground sediment. There was also rugosity of the mucous membrane from the contraction of the muscular

coats. The membrane was also softened, congested and mamellonated, this evidently appearing on removing the thick yellow mucous. There was a yellow hue throughout the whole interior of the organ, owing to the biliary matter every where present in the blood.
The kidney was mottled; the pelvis was also stained yellow. The gall bladder was empty and firmly contracted.

We have now finished our description of yellow Fever as it occurs on the Banks of the Mississipi, and in the atlantic cities. It is one of the most destructive of modern epidemics and equals in severity some of the famed epidemical scourges of former days. With such a picture before his eyes, it becomes every physician, who, by his character, should take a lively interest in every thing pertaining to the welfare of humanity, to investigate its causes and point out the best means of guarding against its attacks. Of the causes of Yellow fever we propose to speak now. These may be divided into those that concern the

individual and the general or epidemic causes. The first comprise all those which either directly or indirectly serve to expose or debilitate the individual; such are the fact of not being acclimatized, temperament, age, sex, race; the depressing passions, fatigue, venereal excesses and intemperance. It will hardly be possible to do more than mention the causes, or to say much of those occupying the most prominent positions.

Of Acclimatization, This fact is so well known, that 'to be acclimatized' is a term of ordinary conversation in the districts subject to the fever. It signifies that condition of the organism, brought about by habitual exposure to the atmospheric and terrestrial influences, by which, in those localities, man is enabled by ordinary care to escape the attacks of diseases peculiar to them. The knowledge of this fact has been of immense value, and observation has deduced the following facts.—

1. The natives of certain climes exhibit it most.
2. Strangers who establish themselves in these localities become after a certain period acclimatized.
3. A residence north, even in natives, of from one

to two winters destroys either wholly or to a great extent this immunity.

4. Natives of a warm climate removing to one more northern, are still thoroughly protected, should the fever break out in the latter. (Dr Derege - 1793)

5. That this insusceptibility diminishes as we proceed northward; being greatest in the West Indies and central America and N. Orleans; less so in Savannah Charleston and Memphis; and almost entirely absent in Norfolk, Vicksburg and the north atlantic cities.

6. That the most effectual mode of acquiring acclimatization is by an attack of fever, this bringing about the condition required -

Of temperament, Individuals of a sanguine plethoric temperament are most prone to febrile attacks; while those of a bilious or lymphatic condition most frequently escape.

According to some writers sex exerts a decided influence, men being far more subject to yellow fever than women. Age also modifies susceptibility the very young being comparatively free. The peculiar influence of race has likewise been noticed,

to such an extent as to lead a distinguished writer to declare the negro entirely insusceptible. The fact is however that, although protected to a considerable extent by his colour the negro in grave epidemics is almost as liable as his white neighbour. In Savannah during the visitation of fever in 1854, and in Norfolk last summer, the coloured population perished in great numbers.

A few words will suffice for the remaining causes of this class. It is well known that the influence of depressing passions, of fear, grief, excesses of any kind, is great in predisposing to many other diseases, typhoid and malarious. Through a knowledge of this fact the inhabitants of these districts are enabled, by a strict regard to the laws of hygiene, to escape disease, and even live there all their lives without suffering from endemic influences. It is reasonable to apply the same laws to Yellow Fever; and moreover the experience of medical men goes far to prove the same facts.

In the second class of causes we ranked the General & Epidemic agency. It is evident that a correct knowledge of these latter causes must be of the greatest importance; and although we cannot point to any particular one with any absolute certainty, still careful observation has resulted in considering several agents as most probably the causes of the yellow fever poison. The knowledge, then, of these supposed agents must be deemed important; more especially as the observance of rules, deduced from their study, contributes greatly to the preservation of health, in our crowded cities. Of these agents, temperature has been considered as taking a very active part. It seems to be the universal opinion of writers on this disease, that an average noon temperature of 79° Fahr., is requisite for the production and maintenance of the poison. A fact, already mentioned, which points to the agency of heat is the destruction of the miasm by the occurrence of a hard frost.

Dr La Roche seems inclined to favor the agency

of electricity, and brings forward testimony to prove the absence of that principle in many grave epidemics. This absence however may be attributed to the humidity, which, being a good conductor, is adverse to the exhibition of phenomena. If this deficiency be real it would seem to act more as a predisposing cause to attacks, than as a producer of the fever. If electricity, as has been said, exerts a stimulating, bracing effect on the body, and is the cause of that exhilaration experienced in fine dry weather, then the withdrawal of this stimulus must act as a depressing cause. Atmospheric pressure has been said to be instrumental in producing yellow fever, through its diminution. This however cannot be fully proved. The congestions that such a condition of the atmosphere gives rise to, and its influence in disease are well known. It may and probably influence attacks of fever, but there is no proof of agency in its production. This state must be referred, at least in the majority of cases, to the admixture of

moisture with the air.

The great causes, or those generally considered as such, are heat, moisture and filth, and consequently decomposition. Of the first we have already spoken.

Moisture, from the days of Hippocrates, has been considered as exerting a great influence in the production of epidemic diseases. And in those of yellow fever, the coincidence of great moisture, though not absolute, has in the majority of cases been remarked by the best observers. Another fact pointing to the same conclusion is the preference exhibited by this disease for cities on the sea coast, and on the banks of large water courses. This atmospheric condition was well marked in the recent epidemic of Norfolk. It may be remembered that the last two weeks of June were very wet, a large quantity of rain having fallen. This was also the case during the month of July, and it was about the middle of that month, that the first cases of fever appeared in Ports-

-mouth. In the accounts received from the stricken cities, we were always sure to find the mortality bills greatly increased on the advent of a rainy spell. Much as can be said in favor of humidity we cannot pronounce absolutely in its regard for the fever is said to have appeared in localities, where no such condition existed, and in seasons of excessive drought.
With regard to the third requisite, filth, or noxious exhalations arising from decomposing animal and vegetable matter, a great deal has been said by many distinguished writers. But like other agents, considered as causes of Yellow Fever, it cannot be pronounced exclusively requisite. Yet, in the vast majority of cases, these three causes have been combined; and noxious exhalations have resulted from the consequent putrefaction, Dr La Roche remarks, and it seems, justly, that after all these foregoing causes must be considered rather as conducing to give rise to the poison, in

conjunction with some other agency, than as engaged in its direct production. The theory, which seems to find favor in his eyes, though he does not advocate it, is that, which attributes the cause of Yellow Fever to microscopic fungi. These wafted about and fixing on a locality, where they find means of propagation, remain increasing on the exhalations from decaying animal and vegetable matter, and thereby spread the disease. This theory of epidemic disease has been a favorite with many distinguished writers from the earliest days of medicine. Some among them, mention the prevalence, coincidently, of an amount of acrid mildew, Public Report last summer spoke of the deserted stores in Norfolk as heavily mildewed. Whether this had any connection with the aforesaid fungi, is a question rather abstruse; at any rate its existence is an evidence of the excessive dampness of the air. Be this as it may more extended and minute observation is necessary before any

theory can be definitively established.

This essential poison, whatever its composition is possessed of certain properties, of some of which we have already made mention. It requires for its existence a temperature of 70° Fahr; exhibits a preference for low filthy localities, for crowded spots and water courses, and is taken in to the system by infection, the medium being most probably the lungs. A frost is sufficient to destroy it; and the agency of cold in preventing putrefaction and vegetation very probably has some connection with this fact.

Its contagious character is strongly asserted by some and as strongly denied by others. But the weight of evidence seems to decide in infection and non-contagion. An interesting and significant fact is that of 83 physicians questioned on this subject, in N. Orleans, 24 declared in favor of non contagion, 26 against it, and thirteen refused to give any opinion at all. The presence of fever in Baltimore last summer goes far to favor

the noncontagionists. Of 18 cases known to have occurred in this city, of the mild, inflammatory and malignant types, not one was found to have communicated the disease under the most favorable circumstances. In the case of Mr. Nickham four of the Infirmary students performed the autopsy, and not one of them experienced the slightest ill effect. We come now to the most unsatisfactory point in the history of Yellow Fever, the treatment. There is hardly a writer, who has not strenuously advocated his own mode, and these modes not only disagree in many important particulars, but are sometimes diametrically opposed. The truth is all have comparatively succeeded. The violence of epidemics is so variable, that what is perfectly proper in one, is totally inapplicable in another. There is moreover no hope of cutting short this fever, for it cannot be done. Like other poisons, that of yellow fever has a tendency to run a certain course, and to be eliminated after producing a variety of symptoms, and we possess no agent to counteract it. Under such circumstances what-

course does it become the discriminating physician to pursue? Why to watch carefully the progress of the disease, avoid any active interference lest he weaken the condition of the patient; treat the symptoms as they arise, and support the system, when such a course is indicated. The treatment of course varies with the form. The mild rarely requires anything beyond a slight purgative and attention to diet. The inflammatory does not demand as active treatment as its name would seem to indicate. Dr. Dewee bled to a slight extent in the inception of this form, and this is generally requisite. Cups should be applied wherever there is a tendency to congestion, at the epigastrium, occiput, and spine. A good dose of mercury, followed by a brisk cathartic of castor oil, and the warm bath, are the main reliance for the first stage. The stage of calm is treated only by diluent drinks, flaxseed tea, chicken water and an occasional blue pill. Much benefit may be derived from Blisters, but care must be taken in their use as there is a tendency to sloughing and haemorrhage. The stomachic irritability and vomiting are to be allayed by appropriate

means. Kreasote has been found very beneficial. When the stage of collapse comes on, the transmission from that of calm must be carefully watched and met by active stimulation. Scarcely any treatment is of much avail in this stage; but by a judicious use of stimulants, patients have recovered even after the appearance of the dreaded vomit.— Much could be said of the numerous and formerly popular modes of treatment; but the medical profession have become fully convinced of the impossibility of managing the disease. They have examined closely, and the better, and wiser portion decides, that the rational form, referred to above, is the only one, warranted by its success.

Respectfully,

S. M. Chatard,

An.
Inaugural Dissertation
on the
Phenomena of Inflammation.
Submitted to the
Honorable Regents & Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine.

By
Wm H Dawson
of Maryland.

The term Inflammation is derived from the Latin verb "inflammo" to burn, and this abnormal state has received this name on account of the resemblance of spontaneous inflammation to the effects of the application of fire to the animal organism. The ignorance which has heretofore existed in regard to this morbid condition and the diversity of forms it assumes, render a clear and precise definition of it almost impossible. The following however seems to be as little liable to objection as any other that has been proposed, viz; "a peculiar perversion of nutrition or of secretion, attended with various abnormal conditions of the blood, and its vessels, the most important of which is exudation in the part affected.

The symptoms of inflammation, which are very various, may be arranged under two heads, local or those which the inflamed organ presents, and constitutional or those affecting the system at large.

The local symptoms, which I propose to notice first, may be stated to be as follows, redness, swelling, heat, pain, abnormal exudation and impairment of function. These I propose to treat in the order mentioned, and first of redness.

This symptom arises from the increased afflux of blood, to the affected part, not only the large blood vessels, but even the smallest capillaries lend their aiding influences in the production of this phenomenon. The small capillaries, which in their natural state, are invisible to the naked eye, and allow only a single blood disc to permeate them, become now so largely distended, as to admit three, four or even more to pass through them with perfect facility. In some inflammations however, the redness may depend in part on the extravasation of blood in the tissue affected, but in the majority of cases it undoubtedly depends, as has been previously stated, on the enlargement of the capillaries and consequent

by on the greater amount of blood which traverses them.

The tint of the redness varies greatly in different inflammations. Thus, in the common sthenic form it is of a bright scarlet, in asthenic cases it assumes a purplish hue. In Erythema it is bright and diffused over the whole surface and in syphilitic affections, it may be of a coppery tinge and when the inflammation tends to result in gangrene it is of a dark purple or blackish hue.

The extent of the redness varies according to the tissue affected and also to the character and intensity of the diseased action. In phlebitis for example it is circumscribed, in Erysipelas, on the other hand, it is diffused over the surface. With regard to form, it may be linear, as in the inflammation of veins and lymphatics or punctiform as in the inflammation of the villi of a mucous membrane, the membrane itself being unaffected.

The presence or absence of redness is not, when ta-

ness alone sufficient proof of the presence or absence of inflammation. For it often exists without it, as in the crimson spot of the hectic flush, or in the blush of shame; and moreover it is also produced, consistently with healthy action by the moderate application of heat or by the cupping glass.
On the other hand the absence of redness is no proof that inflammation does not exist; for, some inflammatory actions, as those of the cornea and arachnoid membrane, are attended with opacity & not with redness. An hence the conclusion that it is only in conjunction with other local appearances that redness is to be taken as a symptom of inflammation. The diagnostic peculiarity of inflamatory redness, is its continuance so long as the inflammatory action which causes it still remains.
The swelling which I now propose to notice, may, in the very first stage of the inflammation, arise from an increased afflux of blood to the part,

thereby distending the numerous vessels distributed there, but in the more advanced stages of the inflammatory process, it would be more in accordance with observation to say that it depends on the effusions of certain matters called products of inflammation into the intervascular spaces.

The extent of the swelling varies very much in different inflammations, and is generally proportionate to the intensity of the action and also to the character of the part affected, being greater in loose and relaxed tissues of a dilatable nature, such as cellular tissue, than in those of a hard, unyielding consistence.

The consequences of swelling vary much according to the importance, delicate nature, situation and relations of the organ or tissue affected. In structures which are superficially situated, as cellular tissue, which do not perform any important function and which are loose

and easily dilated and which are moreover so situated as not to interfere with the healthy action of a vital part, the swelling is not to be regarded so unfavorably. Whereas in some internal organs, such as are essential to the support of the animal economy and without the due performance of which, the functions of life cannot be supported, a very slight degree of swelling, may be sufficient to lead to a speedy fatal termination and in some firm and unyielding structures, as tendon, &c, it not unfrequently causes the total destruction of the affected part. The practitioner then in forming a correct judgement of the consequences likely to result from the effusion of products of inflammation, should be very cautious and carefully weigh the circumstances of the cases, being guided in his prognosis by a consideration of the situation, relation, nature and importance of the organ so affected.

Swelling like redness, is only a diagnostic symptom of inflammation, when found in conjunction with some of the other phenomena, but of itself is not sufficient for the formation of a correct diagnosis.
Next in order comes pain, a few remarks in regard to which I will now offer. There may be a great diversity in respect to the character of this symptom, depending principally on the nature of the tissue affected. It may be of a tingling character as in certain inflammations of the skin, and of these we may mention Erysipelas, or it may be throbbing, as when the cellular tissue is involved, sometimes it is dull and heavy of an oppressive nature and attended with an excessive nausea as in inflammation of glandular organs. Occasionally it is of a bursting sensation, as when it occurs under fascia, causing pain of the utmost intensity.

Pain varies much in degree, being so intense in some inflammations, as to constitute by far the most prominent symptom. In others it may be so mild as scarcely to be noticed even by the patient himself. In some inflammatory affections, under certain circumstances, there is no pain at all, but as a general rule the pain is in direct ratio to the unyielding nature of the organ or tissue involved. For instance, in bone, tendon & similar structures, which when healthy are devoid of all sensibility, or at least endowed with very little, become, when inflamed peculiarily tender & sensitive to the touch. There is generally more pain in external organs and investing membranes than in those which attach the substance or lining of the viscera. For instance, in inflammation of certain mucous membranes, we have merely heat not even amounting to actual pain.

Of inflammation unattended with pain we have the following examples: in insidious and indolent forms of Scrofulous affections, in which extensive disorganization is produced, without the patient ever having experienced the least sensation of pain. Or in parts that are affected by paralysis, in which the sensitive branches of a nerve have been divided, or where the sensibility has been blunted by the habitual and long continued use of intoxicating liquors, inflammations occurring under such circumstances may be & as a general rule, are devoid of all pain. The absence of pain then, is no sure proof that inflammation does not exist and it is equally true that its presence is no positive evidence ~~that it is inflammation~~ that inflammation exists.

We generally look for the pain in the part which is the seat of the inflammatory action, but there exist numerous exceptions

to this rule as we shall presently see. For example in irritation or inflammation of the bladder, the pain is referred to the glans penis, thereby diverting the attention of the practitioner from the true seat of the disease and this is even more true in inflammation of the hip where the pain is felt in the knee: in inflammation of the liver the pain is felt in the right shoulder. In all such cases the pain has been called sympathetic, and may be explained on the ground of the intimate functional connection of the inflamed and painful part. And to avoid errors in diagnosis and consequent errors in practice, these peculiarities should be kept constantly in mind & duly respected by the medical practitioner. The pain in inflammation has been accounted for on various grounds. By some ascribed to the compression of the nerves by the distended vessels & by the effusion. By others to the

impression on the nervi vasorum, produced by the slight dilatation and elongation of the arteries during each impulse of the blood, and from the fact that the pain is generally felt at the seat of inflammatory action, we would naturally conclude that pain is chiefly due to compression.

Preternatural heat has usually been considered characteristic of inflammation, and it was the almost universal presence of this symptom and the erroneous idea of the changes produced by it, that has led to the existence of the title, which this morbid state now bears. This symptom, like all the others we have been considering, varies considerably, according to the situation and nature of the texture affected. For instance in erysipelas & common acute inflammations the heat may be very considerable, whereas in some inflammations there is none or very little experienced.

numerous experiments have been instituted by various distinguished individuals, to ascertain the actual increase of temperature in the inflamed texture. For instance in inflammatory action has been excited in the viscera & other organs of the inferior animals & on the introduction of the thermometer, an intensity of heat, more than one degree above the healthy standard has never been observed. And from these experiments, the authenticity of which we have no reason to doubt, we are led to infer that the heat is not so great as the patient or bystander would imagine. The thermometer however only measures the degree of actual heat, whereas the patient experiences the sensation of it. Hence when we consider that the nervous sensibility of the part is morbilly excited, & the function of the nerves perverted, we are not surprised that this symptom should

give rise to so much uneasiness.
And a learned writer has remarked,
that the elevation of temperature in
inflammation is partly actual, as as-
certained by the thermometer, partly
the result of perverted nervous func-
tion, estimated by the patient - alone.
The heat of inflammation, has been
attributed to the increased afflux of
arterial blood to the part. In the ma-
jority of cases, animal heat is due
to the mutual change between the oxy-
gen of the atmosphere and the carbon
and hydrogen of the tissues: and
we may give as the cause of heat,
besides the increased afflux of blood,
an exalted amount of combustion or
a preternatural oxidation of the
tissues, which are the seat of diseased
action.
And now fifthly I propose to
devote a few remarks to the phe-
nomenon of Exudation.

In nearly all cases of pure phlegmonous action, an exudation of blood plasma undoubtedly occurs, and this symptom has come to be considered as essential to inflammation. In regard to this subject, I may be allowed to quote some remarks made by Dr. Bennett in his "Treatise on Inflammation", he says "Pain, heat, redness & swelling have been made to play too important a part in our views concerning inflammation. They are only present when the lesion affects the external surface and are by no means applicable when it affects many internal organs. I have seen Encephalitis when no pain or heat was manifested before death, and where no redness or swelling was to be observed after a fatal termination, although an undoubted inflammatory system-

ing existed. Again slight incisions are generally supposed to heal by inflammation, yet where is the heat & all the other ordinary signs of inflammation. In short the symptoms of phlegmon which so frequently come under the notice of surgeons, have been by them too generally applied to all inflammations.

The last of the local symptoms which we shall have occasion to mention, is the impairment of function which usually and I may almost universally attends inflammation. This symptom varies much, according to the nature of the texture affected & also to the intensity of the inflammatory action. In many cases the functions of the organ are first increased, then perverted, & afterwards completely abolished. Of this we have many examples. For instance, the brain when inflamed, no longer continues to perform.

its office as in health, but at first perhaps, its activity is increased, as manifested by delirium, and after nausea, on the occurrence of effusion, ending in coma, its functions are entirely suspended. The Stomach, when the seat of inflammation, no longer continues to perform its function as a digestive organ; the kidney ceases to be useful as a urinopoietic viscus. The perceptions of taste and smell are lost in inflammations of the mouth & nostrils, so that the parts are incapable of performing the special functions allotted to them, while at the same time, their sensibility may be morbidly exalted. In internal inflammations, derangement of function, is frequently an important symptom.

The constitutional symptoms may be arranged under two divisions; first the symptoms of inflammatory fever and second the buffy appearance of the blood.

if the inflammation reach a certain degree of intensity, other signs of disorder begin to show themselves at a distance from the diseased part. The patient usually at first feels chilly and feeble; but soon the temperature of the whole surface becomes hot and dry; the pulse more frequent, fuller & harder than is usual; lassitude comes on, with headache, and wandering pains in the limbs. The person is unable or unwilling to exert himself, and finds that he is unfit for any mental effort; he cannot command his attention, gets confused, restless & sleeps ill; he loses his appetite, his tongue becomes white, his mouth is parched, and he is unusually thirsty, and in addition to all this, the various secretions of his body are morbidly altered & diminished. This is inflammatory fever, an indirect symptom of inflammation manifesting itself through the medium of the system at large.

There is one very remarkable & important circumstance which is not often absent in inflammation; I mean a peculiar appearance of the blood, which it presents on being allowed to stand for some time. A portion of the fibrine at the upper surface of the coagulum parts with its coloring matter; so that upon the red clot there is seen a yellowish substance varying in thickness; and this is the buffy coat, to which many persons attach so much importance. But this condition is no necessary measure of the danger of the disease. The blood drawn for instance in acute rheumatism is very much buffed. Neither is presence a sufficient guarantee for more abstraction, for the blood is sometimes buffy long after it is deemed advisable to abstract more. And now gentlemen I have done, hoping that you taking into consideration the limited advantages of a Medical Student, will pardon this more than worthless effusion.

An
Inaugural Dissertation
on
Measles
Submitted to the examination
of the
Provost, Regent & Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Robert W. Dorsey
of
Maryland
1856

Gentlemen

When I consider the want of experience & the [illegible] of science, it is with great diffidence and a due knowledge of my own incompetency, that I lay before this distinguished & honorable Faculty of Physic my [illegible] attempt to [illegible] a disease commonly known as Measles. I have not selected it because of its importance over other diseases, but simply from the fact, that I have had the opportunity of observing a great number of cases of this disease. Measles was long confounded with Small pox by the earlier modern physicians. The distinction was first made by Sydenham & Morton

[illegible]

10

[illegible]

It is a [illegible]

chiefly [illegible]

to be more severe in children than in adults. It is rare in [illegible]

[illegible]

often fatal. It attacks but once as a [illegible]

sometimes [illegible].

Symptoms, Course &c

It is ushered in by [illegible] in [illegible]

[illegible]

children [illegible]

[illegible] accompanied with

[illegible]

in the violence of this early stage.
Sometimes the tongue and throat are com-
plained of with symptoms of severe
pectoral or pulmonary disease, & again the
[illegible]
catarrhal disease, with little or no
[illegible] the symptoms continue
until the eruption breaks out which
usually occurs on the fourth
day, sometimes before this period
& sometimes it is delayed several days
the rash commences on the
face neck & trunk first, & then

upon the limbs, several days sometimes intervene from the occurrence of the eruption upon the face, neck & its completion upon the lower extremities. When the rash first appears, it is in the form of small red, distinct dots, slightly elevated, disappearing under pressure, & very soon become confluent, covering the patch. The patches are irregular form described as assuming a crescentic appearance by some writers. They feel rough when the hand passes over them, the skin is red, inflamed & tender. Often as early as the 4th day, attacks a peculiar edema of the face, any partial the swelling which is little perceptible on rising, occasionally increases with advancing inflammation confluence

to the part upon which it first commenced. The eruption is generally at its height on the second or third day, & is attended with a troublesome itching. The catarrhal symptoms & the fever do not decline on the appearance of the eruption, but are said to be increased sometimes. The decline of the rash, fever & catarrhal symptoms commences about the eighth day of the disease, or fourth of the eruption. This decline follows the same rule of its appearance, beginning upon the face, neck & the limbs being the last to lose the eruption. Desquamation now takes place, the cuticle separating in fine furfaceous scales, it is not generally uniform being sometimes seen only on the face or breast & in some instances is wholly wanting. Bronchitis or pneumonia is very apt to set in at this stage, or if it existed

[illegible]

[illegible]

A very mild form of this disease is the rubeola sine catarrho it has the character & course of genuine measles, but the fever & catarrhal symptoms are [illegible]. Willan says this form of the disease does not protect the patient from [illegible] of the true disease. It is said the rubeolous fever without eruption occurs in some individuals of a family while others of the same family are attacked with the true disease.

Rubeola nigra or black measles is the malignant form of the disease. Some cases of this kind may be seen during the prevalence of the common disease, in [illegible] constitutions are depressed. Some epidemics are characterized by this the malignant form of the [illegible]

the [illegible]

[illegible]

or epigastric oppression & the tendency to delirium or coma is greater, sometimes the prostration and the [illegible] of the [illegible] [illegible] the [illegible] very feeble, the eruption is generally irregular in its appearance & of a purplish or blackish colour, often intermixed with petechiae & a disposition to passive hemorrhage may present itself. The affections of the [illegible] when they occur, assume that condition of intense congestion, with feebleness of inflammatory action, [illegible] of function [illegible] of the same disease. [illegible] has passed the immediate danger [illegible] from syncope, coma, or asphyxia, he is still [illegible] [illegible] very [illegible]

Among the complications of measles the most common & dangerous are the inflammations of different organs. Bronchitis, pneumonia enteritis & Ophthalmia are frequent & often dangerous complications. Pseudo-membranous inflammation of the larynx is a very dangerous occurrence, & when it exists the prognosis is very unfavorable, but this complication is rare. The disease sometimes runs a conjoint course with scarlet fever & then the danger is greatly increased by the tendency to laryngeal inflammation. Measles & small pox are said to exist together sometimes; but these diseases supercede each other temporarily more frequently, one being arrested until the other has run its course & often continuing its own. Measles sometimes displaces other diseases particularly those of the skin & certain nervous affections

[illegible]

in hereditary cases, but of other diseases
[illegible] such as chronic bronchitis, ophthalmia
& leucorrhœa, & diarrhœa. Persons also have
a predisposition to pulmonary consumption
who are said to have their ancestors died
by consumption.

Causes. On this subject there is no
trace of it in ancient history. The
origin or primary cause of prurigo the
dermatosis or phyxia in affections of the
[illegible] will [illegible] have no
[illegible] as new or unknown
diseases. Rayer took it for granted that
these diseases were known to Greek
more than six hundred years before
his time, being included by some mod-
ern translators of Celsus under
the [illegible] [illegible]
[illegible]

collateral hints appear in the writings of
the Greek physicians, which seem to
us to imply they had any knowledge
on the subject, still the knowledge
we infer, was respecting the cause, in that
the disease is produced by some peculiar
contagious poison; the essential nature
of which was to us totally unknown.
Some efforts were made by
Italian physicians concerning the possibility of
communicating the disease by inoculation, but the experiments
of Mr. Moore & others distinguished
men have settled the question, so that
can not any longer be a doubt of the
common received fact of inoculation.
Most people much more
readily take the disease, probably from some
peculiar epidemic influence. The disease
is more common in women, & during
pregnancy is more severe than

measles are more commonly diseases
in childhood, but it is said that
this is probably owing to the fact
that most persons have it in early
life; yet it is said by some writers that
adults are not so susceptible to the disease.

The stage of incubation is about a
week, sometimes shorter, occasionally
longer, lasting by some
the disease makes itself evident
by the eruption. In three in
experiments of inoculations observed,
that the eruption appeared on the
seventh day.

Anatomical characters.— There is no
anatomical lesion which is peculiar
to measles. The death occurs in
similar case of the disease without
any [illegible]
[illegible]

internal organs & especially of the mucous membranes. But the disease seldom [illegible] is [illegible] inflammatory, [illegible] the organs which [illegible] after death.

Prognosis. The prognosis depends upon the age of the patient, the prevailing epidemic, the state of the patient's constitution, the simple form, without complication, the prognosis is favourable, but the malignant is very dangerous, the bronchial & pulmonary inflammation is the chief danger, & in some cases becomes more so during the decline of the disease. The bowels may become diseased, destroy the patient. Tenesmus & frequency are [illegible] to aggravate the disease,

eruption being of a darker colour and feeling rough under the fingers about its remaining [illegible] [illegible].

From smallpox it may be distinguished by the [illegible] of the fever in the distinct form, & from the confluent by the rash being less prominent & hard to the touch & the eruption being stationary in [illegible] while in smallpox it is changing from papular to vesicular, &c, &c,

Treatment. In the mild form of the disease, the treatment is very simple. If the bowels are constipated a cathartic should be given. The patient ought to be carefully guarded from cold [illegible] being [illegible] [illegible] [illegible] to bronchial & pulmonary [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

in this respect, but the patient should not be burdened with clothing nor oppressed by the heat of the chamber, his own comfort being our guide in these matters.

If signs of bronchitis, pneumonia, convulsions or stupor occur, blood may be taken liberally free, the disease bearing the loss of it well, but excessive bleeding should not be resorted to, for it is said to retard the eruption or cause its retrocession if already out. Local depletion by means of cups or leeches to aid general bleeding & in children it will often be sufficient. If there is a tendency to croup we should give an emetic of ipecacuanha or tartar emetic, following it by a purgative dose of calomel & afterwards the syrup of ipecacuanha or wine of

ipecacuanha in small doses in oppression of the chest from bronchial irritation. Should the cough be very distressing hyoscyamus may be combined with those expectorants Seneka, syrup of squills & antimonials with opiates may be used when the disease begins to decline & the cough is still troublesome. If we have a retardation or suspension of the eruption without any unpleasant symptoms we should leave it to nature but when symptoms of internal inflammation or of great depression are manifested, prompt interference is necessary; it being over object to bring the disease to the surface. The hot or vapour bath is highly recommended hot stimulating pediluvia is very useful. Warm drinks should be administered if the retrocession

is caused by cold, the infusion of camomile
[illegible] are [illegible] advisable.
When there is decided evidence of inflam-
mation of some internal organ [illegible]
the [illegible] it will [illegible]
[illegible]
[illegible]
of [illegible] or any other cause which
prevents the return of the complaint to the
surface, it will be advisable to
administer [illegible] & the
preparations of [illegible]
internally, at the same time applying
externally a [illegible] may
be applied over any of the internal organs
if there is much irritation.
If the [illegible] is [illegible]
[illegible] should be [illegible]
but if only moderate [illegible] may
be [illegible]. In the [illegible]
we often [illegible] use of [illegible],

stimulants, cosmetics, &c. If there is inflammation, very cautious local application is necessary.

The patient if laboring under ordinary measles should be kept upon the antiphlogistic regimen, on farinaceous food, milk, & water. The cupping to be given to suit the patient. We should carefully guard the patient against the cold & he should not be allowed to leave the house until desquamation is complete.

An Inaugural Dissertation On Erysipelas,

Submitted to the Examination of the Provost, Regents and Faculty of Physic of the University of Maryland, For the Degree of Doctor of Medicine

July 14th 1856.

By Thomas James Thompson of Cambridge, Maryland

In presenting to the examination of the Faculty of the University of Maryland the following pages; it is with the diffidence that ever attends upon a first endeavor, We feel that the duty assigned by the Statutes of the School, demands, the strictest attention and the best efforts, poor and inefficient as they may be — we can employ —

In a few days We shall appear before you to undergo the final ordeal, which shall either place us on the right road, that leads to improvement, or cast us back to a worse and more unenviable condition than ever; At the same time we feel, that successful result would be a stimulus to increased and assiduous exertions for the future,

The disease towards which we are now about to direct our inquiry and observations, is a highly important one, It is a variety of that pathological condition, which enters so frequently into the many diseased states common to man - a condition which we have frequently to excite, as well as to combat with, Simple Erysipelas presents all the symptoms and characteristics of ordinary inflammation, indeed so nearly akin are they, that in many instances, it is very difficult to distinguish between them, to mine the distinction that none but a practised eye may decide which is which,

Erysipelas simply implies an inflammation of the skin varying very much in intensity and extent,

Sometimes presenting itself in a very mild form constituting erythema, and at other times being characterized by highly severe, dangerous and acute inflammatory action, which brings it under the order malignant, Its extent varying also, being limited (as it is in most cases) to the skin but frequently involving the subcutaneous cellular tissue and extending to the neighboring textures even to internal and remote organs by Metastasis.

Its great characteristic is its tendency to spread to adjoining parts, in fact its name is derived from this same peculiarity viz ερυω I draw and πελας adjoining.

In popular language it is generally called "the Rose" from the color of the affected integument which is

a deep rose color. Sometimes styled "Saint Anthony's fire" from the ancient supposition that St Anthony had special ~~potency~~ over it as St Patrick is said to have had over the snakes and reptiles of Ireland, happy would it have been, had he in like manner banished the disease from existence entirely. It is also called "Ignis sacri" or "Sacred fire", in connection with the same idea. The characteristics then of Erysipelas, are as follows; redness, swelling, burning pain, heat and a tendency to spread.

It is often accompanied by derangement of the bilious secretion, vomiting and sickness, and, as has often been observed, occurs most frequently among those of the bilious temperament. It is more likely to attack

those of an irritable habit, than those of plethoric or of strong constitutions. The affection may commence idiopathically, without any appreciable cause, or may be the consequence of wound or surgical operation.

Taken on the whole it is an uncertain and occasionally a dangerous malady, and is of especial interest to the surgeon. Erysipelas admits of numerous divisions, viz Simple, Phlegmonous, Bilious, Gangrenous, Oedematous, Erratic, Malignant & Periodic. In fact every writer on the subject has his own varieties, and classifies the affection accordingly. We think however that the following divisions - the Simple, the Phlegmonous, the Oedematous, the Gangrenous and the Erratic will be sufficiently inclusive and ample.

Symptoms - Simple erysipelas commences with the following general symptoms, lassitude, depression a feeling of uneasiness, shivering, nausea and sometimes diarrhoea, a hard and full pulse, want of appetite, thirst, a furred tongue, a hot skin, the synocha in a day or two is followed by the local symptoms, such as redness of the skin, which momently disappears under pressure of the finger, this redness is occasionally of a livid appearance, slight tumefaction, burning heat, and a stinging and itching pain. Frequently when the inflammation is very acute small vesicles appear resembling those of eczema in appearance, these vesicles shortly burst and the escaping fluid dries on the skin and falls off in thin scales or crusts-

Phlegmonous Erysipelas — This variety is attended with greater danger to the life of the patient, than the preceding, the general and the local symptoms being more severe in this type. It commonly attacks those of a plethoric tendency, and the young rather than the aged. It extends down to the subcutaneous cellular tissue and sometimes even descends beneath the fascia producing great increase of pain and suffering from the compression thus excited in the inflamed parts and on account of the unyielding nature of the structures. Gangrene is not an unfrequent termination to this variety, probably resulting from the confinement of pus, when the inflammation has penetrated beneath the fascia.

Phlegmonous erysipelas is divided into two grades each differing from the other in intensity. In the first grade we have rigors, anxiety severe febrile symptoms and drowsiness with a tendency to coma or delirium. When the local affection declares itself there is no remission of the febrile symptoms, on the contrary they are rather increased in intensity & hard tumefaction appears, caused by inflammatory swelling of the subjacent cellular tissues. Thence the skin become lip livid and tense and the tumefaction at same time decrease, it indicates the approach of resolution.

But if a fading of a pulsating character be felt, with an increased or continuance of the tumefaction

and inflammatory condition, suppuration is likely to occur and an abscess will be formed, the opening of which affords great relief of pain and probably may end the affection.

Should such however not be the case, and the malady instead of improving extends to the second grade we have great aggravation of both the general and the local symptoms, The inflammation occupies a large extent, and abscesses are formed beneath the skin and fascia — Diarrhoea is frequently present this in conjunction with the suppurating condition gradually weakens and may be productive of danger to the patient. This grade very frequently ends in the gangrenous variety of erysipelas which will be presently described

Œdematous Erysipelas - This form of Erysipelatous inflammation in severity and importance, is intermediate between the simple and the phlegmonous - and occurs particularly among persons of a cachectic state of constitution, with a tendency to hydropic effusion of the œdematous character from which circumstance it derives its appellation - It is frequently attendant upon dropsical patients in advanced cases, occurring in the legs after they (the legs) have been punctured to relieve the effusion -

The parts most commonly affected are the lower extremities, the scrotum in males, and the genitals in females, Gangrene frequently results is indicated by severe pain and a livid or purplish color of the parts, and is a complication to be avoided - or

prevent it if possible — The heat and pain are less than in either of the preceding forms, but the swelling is greater and like anasarca it retains the pit caused by pressure of the finger.

Gangrenous Erysipelas. This variety is attended with great danger to the life of the patient and occurs in debilitated, and vitiated constitutions — It is always the sequence of a preceding form of erysipelas and never arises idiopathically. Its advent is indicated by a purplish or livid hue of the part affected, by diminution of temperature and of pain by decrease or total suspension of the circulation and by the occurrence of glazish or blackish spots. It is a common affection in hospitals during the prevalence of erysipelatous epidemics.

The general symptoms are those an as-thenic character.

Erratic Erysipelas - This form is con-fined in the majority of instances to the skin, and as its name implies is of a wandering character and frequently by metastasis flies from one part of the body to another. It occurs in persons of a debilitated habit of body - the general symptoms being rather typhoid in character than otherwise.

The pain and local symptoms generally are less severe than in any of the preceding mentioned va-rieties, the simple form not excepted, unless in the very mil-dest type it is capable of. It is tedious in its course and generally uncertain in its termination.

These are the principal varieties of Erysipelas, that it may and does occur under the other forms enumerated, but not included in the present classification, we cannot deny, yet from the division adopted, important facts and information can be gleaned sufficiently ample for our object.

Anatomical Characters. During life the blood drawn by venesection presents the usual appearance of inflammation, namely the "buffy coat." After death the skin and the subcutaneous cellular tissue, show evidences of inflammation. The tissues congested and a uniform redness throughout, sometimes however the redness disappears and a peculiar brown color takes place, the cuticle generally

is easily lacerated and separated from the true skin. Pus is often formed diffused in the cellular tissue or in small abscesses. It has even been formed in the small veins ramifying near and through the affected part though this rarely is the case.

Lesions in some of the internal organs often take place, particularly in cases when metastasis has occurred. Thus we find pus occasionally in the liver lungs &c. serous effusion into the ventricles of the brain and under the arachnoid, and distension of the veins of the pia mater are sometimes discovered, produced by by death resulting from Coma.

Causes. Any of the causes that are apt to excite inflammation may bring on an attack of Erysipelas, provided that there be a predisposing diathesis in abeyance, such as injuries, exposure,

to cold, and according to some contagion, this latter cause being evidenced by the rapid spreading and destructive epidemics of erysipelas, which have occurred both in Europe and in these States.

The exciting causes are wounds, burns, surgical operations, exposure to cold, fatigue, mental emotions, irritation of the skin (produced by blisters, issues, rubefacients, stings of insects, bed bites &c) contagion and errors in articles of diet.

Though these are called exciting causes yet no one of them is capable of producing erysipelas unless, as stated before some constitutional taint predisposes.

We draw our conclusions from the consideration that in the great majority of cases these alleged causes occasion no such result. If we reflect how many persons have been operated upon, have

been blistered, stung, bled, contused, burnt and have time and again suffered from the exciting causes adduced, and how comparatively few have been the subjects of Erysipelas, this conclusion will be fully borne out.

We must therefore look for a causation among the predisposing causes, such as previous attacks of the disease, a tendency to, or the presence of dropsical effusion, intemperance, a cachectic or typhoid condition of the system, biliary derangement the rheumatic or the gouty diathesis in fact, any influence that would tend to the production of debility or prostration might predispose to Erysipelas, therefore we find it prevails in hospitals and among women suffering under puerperal fever during the critical period of life.

Dissection wounds frequently produce Erysipelas of the severest and most dangerous description, occasionally also the exposure of a wound on the finger or hand of the obstetrician to the secretions of the living body. These depend however not on the simple wound or any predisposing cause, but upon the specific nature of the poison. The erysipelatous inflammation consequent upon one of these last mentioned causes is attended by symptoms of a low or typhoid character.

Erysipelas may occur during any season of the year (particularly during the spring and fall), at any period of life, in either sex and may occur a second time or oftener.

Results, the most frequent result of Erysipelas is resolution; a slight thickening and discoloration of the skin

may continue for a short time after the disease has been cured, but ultimately the integument resumes its pristine condition

Phlegmonous Erysipelas may terminate in resolution or abscess, in this latter case it proceeds to suppuration and generally heals without difficulty This rarely happens in sphacelated or typhoid states, the result being usually less favorable the resolution is more tedious, very frequently the result is indolent ulceration or gangrene - By far the most dangerous result is that of metastasis to some internal organ,

Diagnosis - As stated on a preceding page, Erysipelas may very readily be confounded with or mistaken for ordinary inflammation! or a common inflammation may graduate so imperceptibly into

Erysipelas as to render a correct diagnosis very difficult, Again in the earliest condition of the malady, before the cutaneous affection has made its appearance, it may be difficult to distinguish it from some other febrile affection—

Perhaps we may be permitted to quote some remarks made by Chomel and Blache relative to a diagnostic symptom pointed out by Trousseau "Whenever a patient has exhibited for twenty four or forty eight hours an intense febrile movement attended with pain swelling and tenderness of the lymphatic glands of the neck, we may not hesitate to announce the approaching developement of Erysipelas and in no case has the diagnosis been invalidated by the result,"

Prognosis— As a general consideration the prognosis in Erysipelas is rather

favorable than otherwise.

In good, sound and healthy constitutions the simple variety as it commonly occurs always terminates favorably.

The phlegmonous variety as mentioned previously, is more dangerous than the simple. Consequently the prognosis is less favorable. Yet with proper treatment, when the disease has ~~not had time~~ to extend to far, it may be cut short and a favorable issue insue.

In the oedematous form occasioning as it usually does in constitutions prone to, or labouring under hydropic effusions, the prognosis is rather unfavorable and principally on account of the complications accompanying.

The gangrenous variety is very dangerous and our prognosis is unfavorable.

The Erratic from its tendency to metastasis presents a doubtful prognosis.

When Erysipelas under any form whatever attacks a constitution debilitated by intemperance, age, or previous or exciting disease, when it occurs at the close of a febrile affection our prognosis must necessarily be unfavorable.

Should it attack the scalp and face there is great liability of the brain becoming affected which also tends to lessen the chances of a favorable termination.

When the disease is marked by high febrile excitement, much inflammation, coma or delirium; or when it attacks parts of great sensibility or very young children, the danger to the life of the patient is greatly increased, and as an epidemic its malignancy is increased; recovery however under any of these circumstances are not impossible and have

frequently taken place,

Treatment, The treatment of Erysipelas is modified greatly according to the variety and the intensity the then state of the system, and the circumstances attendant upon the affection, Some cases are so mild as to require very little treatment; further than mild sedative measures, such as fomentations, emollient applications, abstemious diet and rest, Other cases demand strong and powerful antiphlogistic treatment, both constitutional and local, Other cases, again occurring in typhoid form require tonics and stimulating remedial measures, The physician in every case should be on the watch and prepared for any change which may occur, for the worse—

In Erysipelas in its most frequent,

form, the constitutional treatment demands gentle antiphlogistic measures, such as laxatives, diaphoretics, diuretics, and avoidance of stimulating or exciting food and drink. In severe cases stronger measures are indicated, we might begin by giving an emetic followed, by a brisk mercurial cathartic combined with an antimonial preparation, should these means avail nothing, and if the patient be young and strong, a moderate bleeding will generally suffice to extinguish the inflammation. This latter sedative agent must be cautiously employed - as depletion is not so well borne in erysipelas as in some other forms of inflammation, in the majority of instances it is unnecessary, and frequently is contra-indicated altogether:

Bloodletting is indicated when

there is high inflammatory action, with a full and strong pulse, when there is danger of suppuration or gangrene from the violence of the local affection, It should in no instance be carried as far as syncope, the patient ought to be bled in the erect position, so that the ordinary effect on the pulse or system will be more readily discovered.

Mr Liston recommends the employment of the extract of Aconite, he says that the exhibition of this medicine "is often followed by great abatement of vascular excitement, so that the necessity for the abstraction of blood is done away with, The medicine may be given in doses of half a grain in substance, or dissolved in pure water and repeated every third or fourth hour, The sensible effect is relaxation of the surface and frequently profuse perspiration, the arterial pulsations are diminished

in frequency and force, The extract of Belladonna, in doses of the one sixteenth of a grain may then be substituted with great advantage, and often with the most extraordinary effect upon the disease".

If debility occurs, the administration of mild stimulating articles may be necessary, such as Carbonate of Ammonia, bark &c and if these do not avail the stronger stimulants, wine, Camphor, or even punch may be given,

If restlessness, nervous irritability delirium or wakefulness occur during the course of the affection, Opiates may be employed with Ipecacuanna, Sulphuric Ether, Camphor mixture or the warm bath may also be used, and commonly with advantage,

Dr C. H. Bell, of Edinburgh employs

the Muriated tincture of iron in doses varying from fifteen to twenty five drops every two hours and with invariable success, at the same time he keeps the bowels gently open and assists the secretions as may be required; to the local affection he applies hair powder cotton wadding — During the continuance of the disease, the functions of the bowels, liver, skin and kidneys should be kept regular, and not be permitted to become torpid.

The means to be applied locally come next under consideration, and are highly important assistants to the constitutional treatment, they should however be employed with caution and judgement —

There is great diversity of opinion in regard to the propriety of using

local remedies, some doubting if any advantage can accrue from their employment, while many strenuously advocate their use,

With proper care and caution, we think they are often of advantage, but there is danger if the local affection be too suddenly checked by the topical applications, of the disease returning, to an internal organ—

The local remedies are not therefore refrigerants, but simply palliatives and adjuvants to the general remedies—

In mild cases, the application of some mucilaginous or emollient fomentations may probably be sufficient, either applied warm or cold as the patients feelings may indicate, And infusion of the slippery elm

or of Sassafras pith, or of flaxseed often is employed and with evident advantage,

In severe cases a Solution of the acetate of lead in water with an opiate preparation will prove useful...

Flour, rye-meal or magnesia dusted over the affected part is frequently very soothing, it helps to allay the heat and itching and to absorb the ichorous serum that may exude,

If the inflammation show a tendency to spread, means must be adopted to restrain and arrest it; this may be accomplished by the application of a blister so as to encircle if possible the inflammatory action, Nitrate of Silver is also used and preferred by many, a strong solution of the article being semi-clearly applied, The tincture of Iodine has proved

of service as a topical measure, painted over and around the advancing disease, the operation may be repeated daily until favorable symptoms appear.

This remedy (the iodine) is especially advantage in cases where the Erysipelas attacks the face with an inclination to spread to the scalp, as it is more handy and convenient in its application than blisters or the Nitrate of Silver, this the latter is objectionable on account of the longer duration of the discoloration produced by it —

Mercurial ointment, and Creosote are also highly recommended; the Creosote might be applied undiluted over the whole inflamed surface and somewhat beyond it —

These are not the only local

measures which are in use, in the early stage, leeches are often useful! but there is danger of the leech-bites also giving origin to Erysipelatous inflammation.

Minute punctures with a lancet frequently affords relief as they let out considerable quantities of serum or blood. Incisions are often needful when the disease has penetrated beneath the fascia, they constitute the "heroic treatment." Bandages are often employed recommended by some and objected to by others. When small blisters arise they should be punctured to prevent their communication with each other.

The indications for the constitutional treatment are, to lessen vascular and febrile excitement, to regulate the secretions and to support the the strength.

The means are antiphlogistic and

alteratives, stimulants and tonics and opiates.

The indications for the local treatment are to allay irritation and to arrest arrest the extension of the disease, to give free exit to slough and discharge. The means are astringent warm or cool lotions, leeches and minute punctures - dry and mucilaginous applications and bandages stimulants and incision.

The simple variety of Impetigo does not demand very active means. It requires the observance of the anti-phlogistic regimen, gentle purgation, rest and the avoidance of all exciting or aggravating causes. In severe cases and erectic will prove of advantage, a gentle bleeding is sometimes indicated as also

the employment of diaphoretics and diuretics.

If symptoms of debility arise, mild stimulating medicines should be tried. In all cases the secretions should be attended to and kept regulated.

The local measures required are attitude favorable to venous return, warm soothing fomentations, astringent lotions applied either warm or cold, as may be most agreeable to the feelings of the patient. Leeches are often required as also the minute punctures, rapidly made with a sharp lancet these punctures should not be carried deeper than the skin, this operation is very frequently of great advantage in acute cases. The tincture of iodine or the nitrate of silver may be usefully applied and the parts covered from the air.

with cotton or cerate, some prefer for this purpose the mercurial ointment, Bandages are seldom required and in the majority of instances the foregoing treatment is all that is necessary.

In Phlegmonous Erysipelas, the indications for the general and the local treatment do not materially differ from those required in any severe and acute case of the simple variety, But we must remember that this form of Erysipelas, (however acute the inflammation may be in the beginning, and however great the excitement) occurs usually among those, whose constitutions and habits are none of the best, therefore any measure that might produce much debility must be cautiously employed, if at all, There is danger of the patients sinking under the the depressing

influence of the malady in the latter stage, Consequently any tendency that would tend to increase or promote such influence would be highly deleterious.

In the onset of the inflammation, it would be right to commence with an emetic, followed by a mercurial cathartic combined with an antimonial preparation as James' powder. As soon as the tongue becomes clean and the skin moist, cinchona should be given with good nourishment! If there is irritation of the stomach effervescing draughts may be given; To allay irritability and wakefulness an opiate or narcotic should be exhibited. If suppuration takes place generous diet, wine or other stimulants are necessary.

Among the means, topical hot fomentations frequently afford relief.

When the inflammation has extended beneath the fascia; when the swelling is tense, hard and resisting and the pain severe and throbbing, incisions are necessary, they should be carried deeply through the diseased tissue and repeated as often as may be required.

Incisions are of advantage in several ways, they afford immediate relief from the pain, and serve to diminish the inflammatory action by the local depletion, in cases conditions of the erysipelas, they are still more necessary, in letting out any matter that may have formed, and so prevent if possible, the occurrence of gangrene, Emollient poultices should next be applied to the incisions, and care be taken that excessive hemorrhage does not take place

to prevent this, elevation of the limb or pressure by means of a bandage should be employed.

Œdematous Erysipelas requires in the constitutional treatment attention to the secretions, particularly those of the kidneys, mild aperients and diuretics are indicated, and nutritious and wholesome food — Quinia and mild stimulants sometimes are required as the disease progresses. If nervous symptoms occur such as restlessness, slight delirium &c. sedatives, or a combination of opium and ipecacuanha should be given, and the patient allowed a warm bath.

The local treatment consists of rest, warm fomentations, small punctures, and pressure exerted by bandaging.

Gangrenous Erysipelas When there

is in danger of the occurrence of gangrene, a small quantity of blood should be taken from the arm, unless much debility is present. When symptoms of gangrene have fully made their appearance, it becomes necessary to support the strength by tonics, stimulants and good diet, Opium, quinia, carbonate of ammonia, wine whey and the mineral acids are some of the means to be employed. In intemperate persons, wine or brandy may be given.

To arrest the progress of gangrene a blister ought to be applied to the part affected, after which emollient dressings, ~~antiseptic~~ lotions of creosote, pyroligneous acid, chloride of lime or soda &c may be employed. Leeches, hot fomentations and free incisions should also be tried, the strength being at the same time —

supported by proper measures.

Erratic Erysipelas; The treatment in the erratic form does not require any particular modification of that pursued in Erysipelas generally. Presenting itself rather under a typhoid character, it cannot bear much depletion so that in the employment of bloodletting, we must be cautious.

The great indication is to prevent retrocession or metastasis. The primæ viæ should be cleared by a gentle evacuant and the other secretions promoted by suitable means, sedative & antiphlogistic or stimulating measures according to the condition and type of this variety.

Locally cups or leeches, blisters, stimulant applications, cooling acids anodyne lotions, are generally required and need not special detail.

When erysipelas is complicated with some other affection

the treatment will entirely depend on the nature of the complication, and the other conditions present.

In a few words then, "the treatment of Empiphelas must proceed on the antiphlogistic plan, varied however in its activity according to the type of the disease."

Respectfully

Thomas S. Thompson

Cambridge

Maryland.

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